

**CORPORATE SOCIAL RESPONSIBILITY  
IN THE UGANDAN ALCOHOL INDUSTRY:  
ITS CONTRIBUTION TOWARDS THE  
PREVENTION AND MITIGATION OF HIV  
AND AIDS.**

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**A thesis submitted in partial fulfilment of the  
requirements for the degree of Doctor of Philosophy**

**QUEEN MARGARET UNIVERSITY**

**2017**

## **Abstract**

This thesis sets out to determine the contribution made by the Alcohol Industry in Uganda towards HIV and AIDS treatment, care and prevention through Corporate Social Responsibility (CSR) activities. Adopting a qualitative case study approach from two multinational breweries; Diageo and AB InBev, data was collected during fieldwork in Uganda using individual interviews, participant observation, two group interviews and secondary data from breweries and partners' annual and media reports. The main study participants were brewery managers, health workers from partner health centres and beneficiaries including farmers and people living with HIV at the health centres. It is argued that the CSR activities of companies are established as a response to the perception that the high alcohol consumption in Uganda leads to greater risk behaviours for HIV. The study adopts Corporate Social Performance Framework (Ten Pierick et al. 2004) to identify the motivation of breweries to engage in HIV related CSR and the key activities that the breweries engage in. CSR activities include awareness raising, testing and counselling for HIV and AIDS. In addition, the breweries have improved the livelihoods of farmers through the provision of regular contracts to buy grain for brewing. This is perceived by stakeholders to have both a beneficial and detrimental effect: the regular income lifts poor populations out of extreme poverty. However, improved livelihoods can also enable access to social activities which have the potential to increase the risk of HIV infection. Findings from this research highlight the stakeholders' views that the CSR activities are perceived as strategic due to the fact they have greater benefit for the breweries themselves rather than being largely altruistic. Furthermore, the most significant contribution of the CSR activities is the improved livelihood for farmers, which results from regular and consistent contracts for purchasing grain. This study makes a significant contribution to the field by carrying out a stakeholder perspective of CSR activities in a resource poor setting in the global South. Two distinct disciplines, business studies and global health, have been brought together in order to deepen understandings and provide a rich insight into the ways in which CSR activities can contribute to global health issues with both intended and unintended consequences.

**Key words:** Corporate Social responsibility, HIV and AIDS, Alcohol, Uganda, Livelihoods, Breweries, Resource Poor Settings, Farmers, Stakeholders.

## **Declaration**

I hereby declare that this submission is my own work and that, to the best of my knowledge, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any degree of the university or other institute of higher learning, except where due acknowledgement has been made in the text.

## Acknowledgements

First, I thank Almighty God for giving me the ability to work diligently and accomplish my goals.

I would like to extend deep appreciation to my research supervisors, Oonagh O'Brien, Fiona O'May and Mike Pretious, for the assistance and support they have accorded me. Their input during all the process of research, research design, data collection, data analysis until writing up of the thesis were helpful and had a real impact on this success. I also thank all the staff and colleagues at the Institute for Global Health and Development for their help and advice at every stage.

I wish to acknowledge the generous funding from Santander to carry out fieldwork for this research in Uganda, which greatly eased the burden of the cost of transport and accommodation in the study areas. I am also grateful for the second Santander grant, to make an oral presentation at the 6th Annual Global Health Conference in Singapore. As a consequence, the constructive criticism and feedback received from the conference contributed greatly to building on my initial thoughts for this research.

My gratitude goes to all my family and friends – especially those whose names I have used in the place of participants in this study. To my parents for their great effort and continuous help. Thank you for believing in me and gently pushing me to complete this seemingly endless project. Special thanks to Sylvia and Geoff Mason for making me feel at home in Scotland.

To the study participants, I am very thankful for your time and cooperation; particularly those in Kapchorwa, with whom we shared chapattis and chaffed barley. Thank you Moses Kamabare and Onapito Ekomoloit for your input and support.

Finally, I am indebted to my father and special friend Richard Bakojja for the financial support to take on this project. You always encourage a commitment to continuous learning. Thank you for giving me the thirst for knowledge and hard work and for teaching me to strive regardless. I dedicate this to you and Elijah Scott Ruvuna, who will one day read this book and be proud of mummy; and hopefully forget all the times he asked me over the phone, “When are you coming back home, mum?”



## Acronyms and abbreviations

AIDS	Acquired Immuno-deficiency syndrome
ABC	Abstinence, Be faithful, Use condoms,
ART	Antiretroviral Treatment/ Antiretroviral Therapy.
ARV	Antiretroviral
CSR	Corporate Social Responsibility
CSPF	Corporate Social Performance Framework
EABL	East African Breweries Limited.
EC	European Commission
HIV	Human Immunodeficiency Virus
HIPS	Health Initiatives for the Private Sector Project.
LIC	Low Income Countries
LMIC	Low and Medium Income Countries
MDG	Millennium Development Goals
MNCs	Multi-national corporations
NBL	Nile Breweries Limited.
NGOs	Non-Governmental Organisations
PEPFAR	Presidents' Emergency Plan for AIDS Relief.
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention- Mother- To- Child -Treatment
PO	Participant Observation
QD	Qualitative Design

QM	Qualitative Methodology
QMU	Queen Margaret University
SABMiller	South African Breweries Limited
SME	Small and medium enterprises
SDG	Sustainable Development Goals
SSA	Sub Saharan Africa
SSI	Semi Structured Interviews
TASO	The AIDS Support Organisation
TBL	Triple bottom line
TNCs	Transnational corporations
UAC	Uganda AIDS Commission.
UN	United Nations
UNAID	United Nations Aid
UNFPA	United Nations Population Fund
UAIS	Uganda Aids Indicator Survey
UAIA	Uganda Alcohol Industry Association
UNAIDS	Joint United Nations Programme on
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Emergency Fund
USAID	United States Aid for International Development
WHO	World Health Organisation
WBCSD	World Council for Sustainable Development



# Glossary of terms and phrases

<b>Acquired Immunodeficiency Syndrome (AIDS)</b>	A disease of the immune system due to infection with HIV. HIV destroys the CD4 T lymphocytes (CD4 cells) of the immune system, leaving the body vulnerable to life-threatening infections and cancers. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection. To be diagnosed with AIDS, a person with HIV must have a CD4 count less than 200 cells/mm.
<b>Antiretroviral therapy</b>	Combination Therapy Combined Antiretroviral Therapy, and Highly Active Antiretroviral Therapy. The daily use of a combination of HIV medicines (called an HIV regimen) to treat HIV infection. A person’s initial HIV regimen generally includes three antiretroviral (ARV) drugs from at least two different HIV drug classes.
<b>CD4 count</b>	A laboratory test that measures the number of CD4 T lymphocytes (CD4 cells) in a sample of blood. In people with HIV, the CD4 count is the most important laboratory indicator of immune function and the strongest predictor of HIV progression. The CD4 count is one of the factors used to determine when to start antiretroviral therapy (ART). The CD4 count is also used to monitor response to ART.
<b>Centres for Disease Control and Prevention (CDC)</b>	A federal agency that protects the health and safety of people at home and abroad through health promotion; prevention and control of disease, injury, and disability; public health workforce development and training; and preparedness for new health threats.
<b>Condoms</b>	A product used during sex (including vaginal, anal, or oral sex) to prevent the transmission of sexually transmitted infections, such as HIV, and/or the likelihood of pregnancy. The male condom is a thin rubber cover that fits over a man’s erect penis. The female condom is a polyurethane pouch that fits inside the vagina.
<b>Corporate Social Responsibility (CSR)</b>	The commitment of businesses to contribute to sustainable economic development, working with employees, their families, the local community, and society at large, to improve overall quality of life (WBCSD 2013).
<b>Economy</b>	Simply refers to the material wellbeing of the country, or more simply how rich we are. The key measure of the performance of the economy is national income, output, or GDP (Gross Domestic Product). These all refer to the same thing: the total value of goods and services produced in a country.

<b>Epidemic</b>	A widespread outbreak of a disease in a large number of individuals over a particular period of time, either in a given area or among a specific group of people.
<b>Human Immunodeficiency Virus (HIV)</b>	The virus that causes AIDS, which is the most advanced stage of HIV infection. HIV is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and genital secretions, or from an HIV-infected mother to her child during pregnancy, birth, or breastfeeding (through breast milk).
<b>Intervention</b>	A measure taken to prevent or treat disease or to improve health in other ways. The term is used to describe the process or action that is the focus of a clinical trial. Examples of interventions include vaccines, drugs, medical devices, and palliative care.
<b>Prophylaxis</b>	Prevention of, or protection against, disease.
<b>Primary prophylaxis</b>	Drugs or other forms of treatment used to prevent the development of a disease in a person who is at risk for but with no prior history of the disease. For example, primary prophylaxis is used to prevent people with advanced HIV infection from developing opportunistic infections, such as toxoplasmosis.
<b>SD</b>	Development that meets the needs of the present without compromising future generations' abilities to meet their own needs.
<b>SME</b>	Any independently owned and operated business setting that employs between 1 and 100 people.
<b>Stakeholders</b>	Individuals, groups of individuals or organisations that affect and/or could be affected positively or negatively by an organisation's activities, products or services and associated performance with regard to the issues to be addressed by the engagement.
<b>World Health Organization (WHO)</b>	The agency of the United Nations that provides global leadership on health-related matters. Responsibilities of the World Health Organization (WHO) include shaping the global health research agenda, setting health standards, promoting evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends.
<b>Detectable Viral Load</b>	When the amount of HIV in the blood is too low to be detected with a viral load (HIV RNA) test. Antiretroviral (ARV) drugs may reduce a person's viral load to an undetectable level; however, that does not mean the person is

cured. Some HIV, in the form of latent HIV reservoirs, remain inside cells and in body tissues.

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# **CHAPTER 1: INTRODUCTION**

This chapter introduces the thesis, which investigates stakeholders' perceptions of the contribution that companies make towards the treatment, care and prevention of HIV and AIDS in three rural areas of Eastern and Western Uganda. It presents the background of the research problem and a general overview of the research, including research aims and objectives, and an overview of the thesis structure.

## **1.1 Background of the study**

### **1.1.1 The national context**

Uganda is located in East Africa and lies across the equator, about 800 kilometres inland from the Indian Ocean. The country is landlocked, bordered by Kenya to the east, South Sudan to the north, the Democratic Republic of Congo to the west, Tanzania to the south, and Rwanda to the south west. It has a total area of 241,551 square kilometres, of which the land area covers 200,523 square kilometres. Uganda is divided into 111 districts and 1 national capital city – Kampala. The districts are further subdivided into 181 counties, 1382 sub counties and 7241 parishes (Uganda National Bureau of Statistics, UBOS 2015a). The role of these local governments is to implement and monitor government programmes at the respective levels. Over time, the administrative units have been sub-divided, with the aim of easing administration and improving the delivery of services (UBOS 2015b).

According to the 2014 census results, the total population of Uganda was 34.6 million, of which females constituted 51%. The enumeration indicated that children below 18 years made up 55% of the total population and youths (persons 18 – 30 years) constituted 23% of the population, resulting in an age dependency ratio of 103%. The map (Figure 1) below shows the country, with international borders, provincial boundaries, the national capital Kampala, regional capitals, district capitals, cities and towns, and major airports.

[illegible]

Uganda is a young country, having attained her independence from Britain in 1962 following British rule from 1890; but still remains a member of the Commonwealth (Commonwealth 2016). Yoweri Museveni became president in 1986 after overthrowing 15 years of dictatorships. The country suffered immensely after the instability following civil war under the dictatorial regime of Idi Amin (1971-79), which was responsible for the deaths of some 300,000 people. This was followed by a guerrilla war; human rights abuses, under Milton Obote, (1980-85) which claimed

another 100,000 lives (Serwada et al. 1997). According to Barnett and Whiteside (2006), the guerrilla troops who came into Rakai district from The Republic of Tanzania, to fight on behalf of the Amin regime, contributed to the increase in new infections of HIV. Several subsequent wars have affected the political, social and economic environment of Uganda.

These civil wars have led to a vulnerable economic situation, and in 1998 Uganda was one of the first countries to qualify for the International Monetary Fund (IMF)/World Bank Heavily Indebted Poor Countries Initiative, receiving debt relief of US\$700 million. Uganda is categorised as a low-income country (World Bank 2016; IMF 2017) and depends heavily on foreign aid to fund various structures and operations, including healthcare (UAC 2010), education (UBOS 2015; Commonwealth 2017), and even food, in areas such as northern Uganda that are hunger and poverty stricken (Hollmann 2012; Tusiime et al. 2013). The agricultural sector is important to the Ugandan economy in that it employs approximately 69% of the population and contributes about 26% to the Gross Domestic Product (GDP<sup>1</sup>) (World Bank 2015). Industrialisation is growing in the country, and is now close to agriculture in terms of contribution to the GDP:

*“The manufacturing industrial sector in Uganda consists of the production of processed foods, beverages, non-metallic minerals, wood and wood products, chemical products, leather and footwear, textiles, and wearing apparels. Although growing, the sector remains relatively small and is dominated by subsidiaries of multi-national corporations, largely attributed to the privatization era in the mid-1990s and heavy investment by foreign companies in sectors such as textiles, steel mills, tannery, bottling and brewing and cement factories, once stability returned to the country”.* Obwona et al. (2010, p. 9)

Nevertheless, Hollman (2012) affirms that Uganda’s economic and socio-demographic structure has generally improved over the past decades, albeit starting from a low base. Uganda is one of the fastest growing economies in the world, with GDP growth averaging 7.3% between 2000 and 2010 (World Bank 2016). In the fiscal year 2015-16, Uganda recorded GDP growth of 4.6 % in real terms and 11.6 % in nominal terms. This compares to 5.0% real growth in the fiscal year 2014-15 (IMF 2017). According to the World Bank fact sheet, the GDP value of Uganda represents 0.03% of the world economy, and is valued at US\$21.12 billion (World Bank 2016). Due to rapid population growth, however, the increase in per capita income was just above 3%

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<sup>1</sup>Daly (2006) defines GDP as the sum of all value added by labour and capital in the process of production.



per year (World Bank 2016). Uganda has one of the world's youngest populations, with 55% under the age of 18 years and not in productive work (Commonwealth 2017). Policy and legal frameworks continue to improve, notably through the Public Finance Management Act (2015) (The Government of Uganda, 2015), although gaps in its implementation with regard to procurement and anti-corruption remain.

Regarding social development, despite the Government of Uganda successfully halving the incidence of poverty from 56.4% in 1993 to 19.7% in 2013 (measured against the national poverty line of \$1.25 a day) (MDG 2015), poverty levels remain high, especially in northern and eastern parts of the country (World Bank 2016a). UBOS (2016) statistics show that for every three Ugandans who get out of poverty, two fall back in, demonstrating the fragile gains in the country's success in fighting poverty. Poverty reduction was mainly driven by agriculture, urbanisation, and education (World Bank 2017).

## **1.2 The HIV and AIDS context relevant to this study**

### **1.2.1 A global context**

Despite Leidl et al.'s (2009) indication that focus on the HIV epidemic as a significant global threat is reducing, Global Health Estimates presented in Table 1, below, show that HIV and AIDS is currently the sixth-biggest cause of death country-wide, accounting for 2.9% (WHO 2015). It further shows that although globally the rate of HIV is diminishing, and is predicted by the WHO (2015) to reach 2.6% by 2030, in sub-Saharan Africa the opposite is occurring. By 2030, HIV/AIDS is expected to replace lower respiratory infections (LRI) to become the number one cause of death, at 10.8%. Consequently, the HIV epidemic is a burden, that if not collectively managed, will continue to destroy millions of lives, destabilise community development, and impact negatively on investments and business growth (UNAIDS 2015a).

**Table 1: Estimates of the ten major health-related causes of death between 2015 and 2030.**

Global estimates:											
2015						2030					
Rank	GHE code	Cause	Deaths (000s)	% deaths	Deaths per 100,000 population	Rank	GHE code	Cause	Deaths (000s)	% deaths	Deaths per 100,000 population
1	113	Ischaemic heart disease	7594	13.2	105	1	113	Ischaemic heart disease	9245	13.2	112
2	114	Stroke	6700	11.7	92	2	114	Stroke	8578	12.2	104
3	39	Lower respiratory infections	3223	5.6	44	3	118	Chronic obstructive pulmonary disease	4568	6.5	55
4	118	Chronic obstructive pulmonary disease	3217	5.6	44	4	39	Lower respiratory infections	3535	5.0	43
5	11	Diarrhoeal diseases	1808	3.2	25	5	80	Diabetes mellitus	2464	3.5	30
6	10	HIV/AIDS	1667	2.9	23	6	68	Trachea, bronchus, lung cancers	2413	3.4	29
7	68	Trachea, bronchus, lung cancers	1636	2.9	23	7	153	Road injury	1854	2.6	22
8	80	Diabetes mellitus	1556	2.7	21	8	10	HIV/AIDS	1793	2.6	22
9	153	Road injury	1423	2.5	20	9	11	Diarrhoeal diseases	1617	2.3	20
10	112	Hypertensive heart disease	1137	2.0	16	10	112	Hypertensive heart disease	1457	2.1	18

Africa Region estimates:											
2015						2030					
Rank	GHE code	Cause	Deaths (000s)	% deaths	Deaths per 100,000 population	Rank	GHE code	Cause	Deaths (000s)	% deaths	Deaths per 100,000 population
1	39	Lower respiratory infections	1128	11.5	120	1	10	HIV/AIDS	1297	10.8	99
2	10	HIV/AIDS	1120	11.4	119	2	39	Lower respiratory infections	1158	9.6	88
3	11	Diarrhoeal diseases	695	7.1	74	3	114	Stroke	856	7.1	65
4	114	Stroke	514	5.2	54	4	113	Ischaemic heart disease	635	5.3	48
5	50	Preterm birth complications	437	4.4	46	5	11	Diarrhoeal diseases	552	4.6	42
6	22	Malaria	389	3.9	41	6	153	Road injury	488	4.1	37
7	113	Ischaemic heart disease	376	3.8	40	7	50	Preterm birth complications	449	3.7	34
8	51	Birth asphyxia and birth trauma	334	3.4	35	8	22	Malaria	414	3.4	32
9	55	Protein-energy malnutrition	326	3.3	35	9	80	Diabetes mellitus	391	3.2	30
10	153	Road injury	234	2.4	25	10	51	Birth asphyxia and birth trauma	344	2.9	26

Source: WHO (2015)

## 1.2.2 HIV and AIDS in Uganda

Well into the fourth decade of HIV and AIDS, research and funding have had an impact in reducing the epidemic, as well as the number of AIDS-related deaths (Doyal and Doyal 2013; WHO 2014). The World Health Organization (WHO n.d.) defines the Human Immunodeficiency Virus (HIV) as a retrovirus that infects cells of the immune system, destroying or impairing their function. Despite registering a high rate of HIV prevalence in the past, Uganda is one of the world's earliest and greatest success stories for reducing the HIV epidemic (Serwadda et al. 1985; Parkhurst 2002; Kirby 2008; UNAIDS 2015a). Research shows that the national rate of HIV infection in Uganda reduced from 18.5% in 1992 to 6.4% in 2005 (UAC 2016). The mortality rate in Uganda has also nearly halved, from 120,000 in 1998 to 63,000 in 2012, with 80.9% of such deaths occurring among adults (15+ years of age) (UAC 2016).

This success is attributed to three major factors, including i) a strong political commitment and top-down leadership from President Yoweri Museveni, who spoke out early and often about the disease (Serwadda et al. 1985; Barnett and Whiteside 2006; Kirby 2008): ii) a homegrown grassroots approach, the now infamous ABC (A-Abstinence, B-Be faithful and C-use Condoms) approach, which was put in place in the 1980s (Murphy et al. 2006; UNAIDS 2014; 2015b; UAIS 2015); and most importantly: and iii) adopting a multi-sectoral collaboration across the country (WHO 2005a). Researchers (Parkhurst 2002; Gupta et al. 2008; Murphy et al. 2006) explain that this multi-sectoral collaboration was achieved through the integrated efforts of hundreds of community-level organisations, such as NGOs, religious groups, community activists and public figures. Other key actors have played an important role in the war against HIV and AIDS; for example international organisations such as the WHO, UNAIDS and the Global Fund to fight AIDS, tuberculosis and malaria, philanthropic organisations such as the Bill and Melinda Gates Foundation (Gates foundation. n.d.) and the Elton John AIDS Foundation (2015), as well as the private sector (Katamba et al. 2014; Management Sciences for Health 2015; UAC 2015a).

### **1.3 The contribution of the private sector towards efforts to eliminate the effects of HIV.**

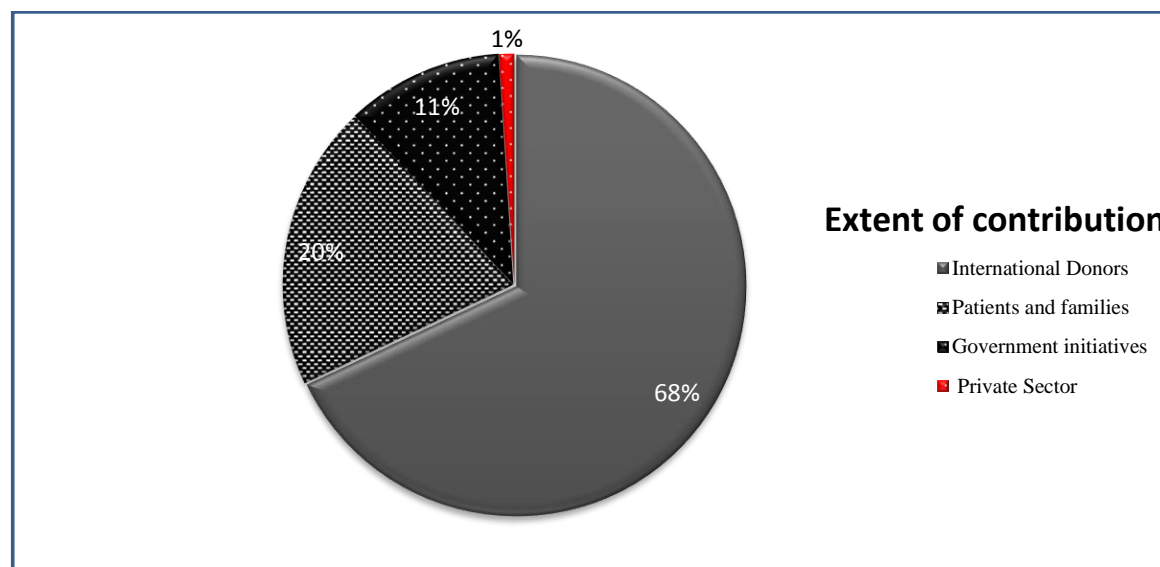
Despite Uganda's early success in curbing the HIV epidemic, research shows that the prevalence rate is fluctuating, from 6.4% in 2005 to 7.2% in 2011 and 6.5% in 2016 (UNAIDS 2017). The rates of infection, with resulting morbidity and mortality, are still a cause for concern. It is estimated that in 2016, over 1.4 million people were living with HIV, and over twenty-eight thousand people had lost their lives to AIDS in Uganda (Avert 2016; UNAIDS 2017). Musoke (2016) indicates that the increasing rate of HIV infection is attributed to improved care for people living with HIV (PLHIV) resulting in fewer deaths, and to high-risk sexual behaviour involving unprotected sex and multiple sexual partners.

There is an ongoing debate on the role of the private sector regarding issues that affect the community (Visser 2008), especially concerning the areas where they operate (Katamba and Gish-Boie 2008; Mele and Garriga 2004; UNDP 2016. p, 33). Until recently, the sole

responsibility of businesses was to make profits and increase shareholder value; however this is changing, and companies are being tasked with responding to the environment, local communities, working conditions, and the ethical impact their actions have on society (Crane et al. 2008; Nkiko 2010; Soltani and Maupetit 2015; Banerjee 2011). It is not only the government that has a vested interest in the activities of the private sector to support health initiatives in the community, but other stakeholders as well: for example, international agencies, NGOs, and civil society organisations (CSOs) (United Nations Development Programme, UNDP 2016. p, 33). Byanyima (2015) argues that lest they risk losing stakeholder trust and/ or their social licence, businesses ought to transform their business model into one fit for the 21st century, where economic, social and environmental sustainability is central. In order to do this, Byanyima advises that they consider collaborating with government and NGOs to incorporate the Sustainable Development Goals (SDGs) into their operations.

Figure 2 below shows that the bulk of the contribution to the medical (Antiretroviral Therapy) access burden in Uganda comes from international donors (68%), and patients and families (20%), at a time when donors are cutting back on funding (*see Section 3.1 below*). At 1% engagement, the private sector provides the lowest contribution to making ART available, followed by the government, which contributes 11%.

**Figure 2: Extent of contribution to access to antiretroviral therapy in health centres in Uganda.**



Source: (UNAIDS. n.d.)

Dixon et al. (2002) explain that the HIV epidemic is more than just a medical problem that affects individuals; in addition, it affects the social and economic structures of society and the country as well. The growing response from the private sector is mainly a result of the increasingly tangible impact of the AIDS epidemic on business operations worldwide (UNAIDS 2014; UNDP 2015).

While there is a vast amount of literature on the contribution of various sectors (NGOs, faith based organisations and international agencies) to the fight against HIV, literature on the private sector effort is scarce. Research focuses mainly on how companies support sick employees (Kironde and Lukwago 2002; Bagire et al. 2011; Katamba and Nkiko 2010), and the role of the private sector in meeting the SDGs (Katamba et al. 2010; 2014), of which HIV and AIDS is a part. Similarly, available research on Corporate Social Responsibility (CSR) in Uganda focuses on the contribution of businesses towards society development, seeking to understanding CSR, and its relevance to business growth (Visser 2008; Bagire et al 2011; Katamba and Nkiko 2010; Katamba et al. 2010; 2012; 2014). Businesses' contribution to fighting the AIDS epidemic in the communities in which they operate is scant (Rampersad 2007; Katamba et al. 2014 and MSH 2015) and as a result, Katamba and Nkiko (2010) have set out to publish the benefits of a healthy community and how it contributes to a profitable society. Additionally, Katamba et al. (2014) and Management Sciences for Health (MSH 2014) indicate that in Uganda, companies are increasingly partnering with stakeholders and agencies to develop an infrastructure that enables government hospitals to provide solutions to people who need ART and other medical attention. An example is that of Uganda Baati Limited, a steel company that has constructed a shelter at Mpigi hospital, using their building expertise, in order to reduce congestion on HIV clinic days, and thereby eliminate the spread of tuberculosis (Diageo 2014; MSH 2014). This contribution to society is described as their corporate social responsibility (CSR) (Katamba et al. 2014) and corporate Social responsiveness (Ten Pierick et al. 2004). In order to understand the companies' contribution to HIV and AIDS treatment, prevention and care, it is important to summarise what constitutes CSR.

### **1.3.1 Corporate Social Responsibility (CSR)**

CSR has no commonly accepted definition (Crane et al. 2008). It has been concluded that the CSR concept is loosely defined, with no solid consensus on what it stands for, and therefore it is defined according to how it is implemented within the business process (Visser, 2008; Porter and Kramer, 2006; Asongu, 2007). Moreover Matten and Moon (2004, p.24) show that CSR has an “assemblage of definitions [...] which overlap with concepts such as business ethics, corporate philanthropy, corporate citizenship, sustainability, and environmental responsibility”. Other scholars relate CSR to stakeholder management, corporate social responsiveness and corporate social performance (Wood 1991; Ten Pierick et al 2004 and Freeman et al. 2010). As discussed further in Chapter 3, Wood (1991) and Ten Pierick et al (2010) distinguish the concepts by defining’ (i) Corporate Social Responsibility (CSR) as the obligations of businesses towards society and the responsibilities as perceived by the firm; (ii) Corporate Social Responsiveness as the set of processes through which a firm responds to its environment and, (iii) Corporate Social Performance refers to the outcomes of corporate social behaviour. It answers the questions; “*What does the firm actually do?*” “*And where does all that lead?*”(Ten Pierick et al. 2004, p. 11.)

#### **1.3.1.1 Nature of CSR in Uganda**

CSR is not a new concept in Uganda and it is evident in the African Traditional Society literature that the rich were instrumental in supporting the poor in the community (Katamba and Gish-Boie 2008). This is in line with the ubiquitous philanthropic texts of modern day CSR (Carroll 1991; Matten and Moon 2004). Katamba et al. (2014) reason that this may have paved the way for missionaries who used the formal education teaching of the ‘3Rs’ (reading, writing and arithmetic) and providing free health care to fuel their religious work. This was done through building schools for example, Mengo Secondary School (1895) in Kampala district and Kings college Budo (1905) in Wakiso district; and hospitals including Mengo Hospital Kampala built by Ruskin Cook in 1987 which were handed over to the Church Missionary Society to provide healthcare for the British and Ugandans (<https://mengohospital.org/>). In the 1990’s, globalisation led to various industries such as Coca Cola® to start operating in Uganda (Fashoyin et al. 2003) and the concept of

industrial paternalism (Moon 2014) is evident in this period. Industrial paternalism, according to Moon (2014, p.9), “ is a feature of the 19th century industrial which can be seen where industries provided housing, recreational facilities and education for their workers”. These activities are embedded in their communities, for example, Katamba et al. (2012) show that the Sugar Corporation of Uganda (SCOUL) in Lugazi, provides 40,000 employees, their family and community members and access to free medical facilities in the form of a clinic with an outpatient admission capacity of up to sixty patients, as well as ten dispensaries in various locations in Eastern Uganda. SCOUL promotes education and has set up two nursery schools, ten primary schools and one secondary school, to provide education to the children of employees and the general community. This trend has continued and those companies that do not build schools or hospitals, partner with existing government or NGO facilities, to provide healthcare services and education to employees and community members. In Western Uganda, AB InBev recognised a need to increase HIV testing and counselling and therefore partnered with The AIDS Information Centre (government owned health centre) to provide these services. AB InBev is a multinational alcohol company that operates in Uganda and is one of the companies focused on in this study.

Debates on what influences CSR tend to agree that in low-income countries, it is mainly shaped by the socio-economic situation in which the firms operate (Visser 2008; Nkiko 2010; Garriga and Mele 2013). With its fast development, abundant raw materials and a large young population base and growing middle class, which provides a favourable consumer base for a number of goods and services, Uganda has been identified as a profitable market by various multi-national and local companies (Fashoyin et al. 2003; Visser 2008; Ayoki 2012). However, the social, economic, political and environmental problems that the country faces affect the companies’ operations through reduced labour, production, and ultimately, low profit (Nkiko 2010). The problems include a high poverty rate, illiteracy, human rights abuse and cycles of famine and disease. Table 2 shows that the population of Uganda is increasing rapidly and yet the Human Development Index is still low, at 0.483. Despite an improvement in poverty rates, over 19.7% (6.6 million) are still living below the poverty line; the level of unemployment is still high at 34.5%, and the rate of HIV and AIDS is at 7.1%.

**Table 2:Uganda Country Self-Assessment Report: Uganda Facts and Figures.**

	INDICATORS	PREVIOUS	CURRENT
	<b>Demographic</b>		
1.	No. of Districts	80(2007)	117(2016)
2.	Population size	30.2 million(2007)	34.9 million(2014)
3.	Population growth rate	3.4 %(2008)	3.0 %(2014)
4.	Poverty rate	24.5% (2009/10)	19.7%(2012/13)
5.	Life Expectancy at Birth	52.4	64.3 (2016)
6.	Urbanization rate	13.6%(2007)	16.1(2015)
	<b>Health</b>		
7.	Maternal mortality rate	435/1000 ( 2006)	336/100,000 (2016)
8.	Neo natal mortality	29/1000 (2006)	27/1000 births (2016)
9.	Birth attended to by Health worker	39%(2009/10)	74% (2015/16)
10.	Child mortality (under 5)	137/1000 (2006)	64 (2016)
11.	Infant mortality	76/1000 (2006)	43/1000 (2016)
12.	ANC Completion (at least four times)	32%(2011)	59.9%(2016)
13.	HIV/AIDS prevalence rate	6.4% (2005)	7.1% (2015)
14.	Human Development Index	0.448 (2005/06)	0.483 (2016)
	<b>Education</b>		
15.	Literacy rate	50%(2008)	76.6%(2016)
16.	Adult literacy rate	69% (2008)	74.6%(2017)
17.	Primary school enrolment	7,538,000(2007)	8,264,317(2015/15)
18.	Secondary School enrolment	954,328(2015/16)	1,284,008 (2015/16)
19.	Tertiary school enrolment	155,082 (2007)	249,949 (2014)
	<b>Economy</b>		
20.	GDP (UGX)	21.212 Trillion (2006/7)	87.891 Trillion (2016/17)
21.	GDP Per capita \$	400.8 (2006)	766 (2017)
22.	Exchange rate	1,697.3(2007)	3,610(2017)
23.	Tax to GDP ratio	14.4% (2006)	12.6% (2016/17)
24.	BoU CBR	16.6% (2007)	11.5% (2016)
25.	Debt as % of GDP	22.0(2007)	34.1% (2016/17)
26.	Volume(value) of Trade balance USD millions	-1,686.4 (2007/08)	-2,966.3 (2015)
27.	Unemployment Rate	66% (2005/06)	34.5% (2016)
	<b>Infrastructure</b>		
28.	Kms. of roads tarmacked	3,098 (2008)	3,919 (2015)
29.	No. of Tourists arrivals	642,000 (2008)	1.1 million (2015)
30.	Electricity coverage	2.8%(2007)	10.2%(2015/16)
31.	Internet users (million)	0.75(2007)	16.7 (2017)
32.	Mobile phone users	3,000,000 (2006)	20,500,000 (2017)
33.	Electricity capacity (MW)	317MW (2007)	895 MW (2015/16)

*Source: Uganda Country Self-Assessment Report (2017)*

In light of the statistics above, the government has adopted measures to; (i) increase employment opportunities through the enhancement of skills especially to those in agriculture (establishing 800 community polytechnics in sub-counties) (Fashoyin et al 2003); (ii) provide and promote healthcare (building over 56 health centres at different local councils) (Carlson 2004); (iii) improve infrastructure, promote trade and empowering local communities (Bagire et al. 2011). Despite the effort to reduce the socio-economic challenges, there are still shortfalls that affect companies.



According to Katamba et al. (2014), Uganda Baati Limited built Chandaria clinic in Kampala, to reduce the amount of time employees spend travelling to clinics for treatment. The clinic, which provides HIV testing and counselling, general primary and secondary care, has since been opened up to community members who pay a consultation fee of £0.8 per visit. Similarly, Diageo (another alcohol multinational company and is the focus of this study), drilled boreholes in farming communities to reduce the amount of time wasted by farmers walking long distances to get water. The examples above show that CSR is often a result of shortcomings from the government. Garriga and Mele (2004) agree that businesses cannot thrive in failing communities and this has influenced a number of companies, both multinational and local, to engage in CSR to contribute to the society's social, economic, environmental development.

There is an on-going debate on the role of the government towards influencing companies to be socially responsible. According to Katamba and Gish-Boie (2008), the Ugandan government has little interest in the social responsibility of companies. Katamba et al. (2012) add that the government makes little or no effort to ensure that CSR practices of companies are tailored to national economic and social interests. According to Nkiko (2010), this makes CSR voluntary and allows companies to select the CSR activities they want to engage in. Secondly, the CSR Status Report (2004) shows that whereas Uganda has a basket of statutes, laws policies and regulations, these are mostly not adhered to by organisations. According to UYDEL (2009) and Kalema et al. (2015) this is because the existing laws are weak and ineffectively enforced. Kalema et al. (2015) give an example of The Liquor Act-Cap 93, which is supposed to regulate the manufacture and sale of liquor; it provides for payment of fees, licensing of traders, sale of permits, and premises for the manufacture and sale of liquor. However, this act is ineffective because it; suffers from poor enforcement, exacts low fines; makes cancellation of licences upon conviction discretionary; and does not adequately deal with people under the influence of alcohol (Kalema et al. 2015). This is summarised in the CSR Status Report on Uganda,

*“The government of Uganda has relied on indirect CSR legislation and regulation to deliver social and environmental objectives in the business sector. The limited government resources, coupled with a distrust of regulations by citizens since regulations are applied selectively, have accelerated the exploration of voluntary and non-regulatory initiatives. The government is not doing much to win the ‘war against corruption’, which is affecting businesses and all stakeholders” (Bos et al. 2016, p.13).*

Contrarily, research shows that the Uganda government actively influences corporations to be socially responsible. According to Bagire et al. (2011), there are no direct laws to encourage companies to engage in CSR however, Bos et al. (2016) show that recently, the Ugandan government has made a concerted effort to address several investor concerns. The government has for example adopted guidelines set by the Institute of Corporate Governance of Uganda (ICGU 2017) through a corporate governance manual to guide recommended best practice for corporate bodies in Uganda.

Further, the importance of government to align national investment promotion strategies with responsible foreign investors motivates companies to be ethical. This interest is evident through taxation incentives and reduction, for example, a 60% tax reduction is given for companies that use locally sourced agricultural raw materials (Broomes 2012). Companies like SCOUT, Diageo and AB InBev support farmers with free seed and fertilizers, training on finance management, and good farming practices (Katamba et al. 2012). This win-win situation, according to Broomes (2012), improves farmers' livelihoods and provides raw material to the companies.

This scrutiny from government and other stakeholders, including media, civil society organisations and international organisations, of companies' irresponsibility pushes companies to engage in CSR (Visser 2008; Nkiko 2010; Moon 2014). Moon (2014) explains that company irresponsibility may be experienced through direct effects of usage on consumers, especially in the case of tobacco, alcohol and sugar, or indirectly through their and their stakeholders' activities along the supply chain (Matten and Moon 2004). For example, Tajuba (2016) explains that the Rwizi river is running dry because Mbarara has attracted many industries, including AB InBev, which use a lot of water, and yet the river cannot serve both domestic and commercial purposes. This may explain the active role that the brewery plays in providing various communities with clean water by drilling 15 boreholes in water-stressed farming communities across 15 districts over a period of 4 years (AB InBev n.d.).

The interest of government encourages companies to align their CSR activities with those of the national strategic goals. As shown in figure 30 (section 5.2.3), AB InBev integrates the development goals in to their operations and engage in activities to eradicate poverty, improve

livelihoods and provide access to health care (AB InBev 2014). Furthermore, companies that support their communities receive government recognition and endorsement of their activities (Moon 2014). This is evident in the choice of companies that the government partners with to provide services, for example Kampala city council partners with Diageo to provide the residential slums of Luzira with sanitary facilities (Diageo 2015). On the other hand, in order to avoid regulation and protect their licence to trade, companies engage in activities to improve their reputation and show their positive contribution to society.

Despite this, CSR in Uganda is growing and is more evident and visible not only in not only in multinational companies, but in locally owned small and medium enterprises (Nkiko 2010). Bagire et al. (2011) explain that the CSR trend is also moving away from philanthropic activities towards companies investing in activities that bring them profit and good reputation while benefiting the community. These activities are evident in the attempt to provide HIV care and prevention for employees and families and community members.

#### **1.3.1.2 Corporate Social Responsiveness to mitigating HIV and AIDS response in Uganda**

Research shows that the private sector contributes to mitigating HIV and AIDS for example, through enabling access to HIV treatment (Figure 3). However, in their research, Katamba et al. (2014) found that HIV and AIDS-related CSR strategies target the employees of the companies, rather than society and/or other stakeholders along the supply chain. This may be because of the HIV mainstreaming approach, which according to the USAID (2012) National Implementation Guide to Mainstreaming HIV and AIDS in public and private sectors, advises companies to provide employees and their families with free condoms, and to make HIV Testing and Counselling (HTC) and treatment available to them. Where companies have implemented it, it is voluntary, and therefore considered as CSR on their part (Katamba et al. 2008). It may be argued that they are doing it in order to protect their interests in the form of the profit that a healthy workforce provides. The motivation for companies to engage in CSR activities is discussed further in Chapter 5.

Bagire et al. (2011) argue that companies have not done enough to contribute to the ending of the HIV epidemic, and that is why there is limited literature on the subject. In his research, Tumushabe (2006) found that in practice, the business community in Uganda has generally

shown a slow and defensive response to the HIV epidemic, and this is largely characterised by a few companies making occasional philanthropic contributions to local AIDS organisations. The hesitancy of companies to support HIV response projects, according to Barodiya et al. (2015) and Tumushabe (2006), is due to a perceived lack of data on the macro-economic impact of HIV on these companies, and inadequate information on policies and guidelines on implementation, and evaluation of support, towards HIV-related causes. A general lack of support mechanisms and technical assistance from government and other agencies affects the sustainability of the projects that are already running (Barodiya et al. 2015). Additionally, USAID (2016) indicates that stigma accrues to the subject, mainly because people think that HIV is a self-imposed problem: a result of personal irresponsibility, tending to be associated with behaviours that many people disapprove of (for example drug use and infidelity); and therefore it is not a priority for businesses. Barodiya et al. (2015) predict that if companies keep ignoring the effects of the epidemic on their communities, they may risk greater challenges in care and treatment in the coming years, as the epidemic is spreading. Using the case study method, this research will study the CSR activities of two alcohol companies in Uganda: Uganda Breweries Limited, a subsidiary of Diageo, and Nile Breweries Limited, a subsidiary of AB InBev. In order to include the various manufacturing plants operated by these companies, the parent company names (Diageo and AB InBev) will be adopted for this study.

### **1.3.2 The alcohol industry in Uganda: the case of Diageo and AB InBev**

The alcohol industry is understood to have a significant economic impact on society in terms of benefits and costs (Sen et al. 2009). Research (Jernigan 2009; Bhattachariya 2009; WHO 2010a; Bhattachariya 2017) shows that the alcohol industry has major economic benefits. Firstly, measured through revenue realised from selling alcohol both locally and internationally; secondly, contribution to the country's GDP through taxes; and lastly, creation of jobs for thousands of people along the supply chain (for example suppliers, truck drivers, restaurant and pub workers, and other employees). On the other hand, the costs of the alcohol industry are outlined in terms of the widespread impact/ harm these costs inflict on individuals and the wider society: to the health service in treating alcohol-related disease (WHO 2010b; 2014), and to the criminal justice system in dealing with alcohol-related crime and disorder (Bhattachariya 2009).

Similarly, research has established a causal link between HIV and AIDS, and alcohol abuse (Kalichmann et al. 2010; WHO 2014) and this is discussed further in Chapter 2, section 2.8.

Increasingly, the industry has come under pressure to mitigate the harm caused by the impact of alcohol abuse, and to act ethically to meet its social, economic, legal and environmental obligations to society. Through engaging in CSR, companies have managed to mitigate this pressure, and to meet stakeholders' expectations (Freeman et al. 2010). Researchers, as discussed in Chapter 3, have advanced other motivations for companies to engage in CSR activities. Evidently, the socio-economic and environmental challenges in the communities where companies operate have changed the face of voluntary CSR (Crane et al. 2008; Asongu 2008; Katamba et al. 2012; 2014), particularly in low-income countries<sup>2</sup> (Visser 2008; Nkiko 2010; Bagire et al. 2011), giving rise to the obligatory need by companies to meet stakeholder expectations and demands (Freeman et al. 2010).

Diageo and AB InBev (SAB Miller) were purposely selected for this research because they are actively engaging in CSR activities to support HIV and AIDS initiatives in their communities. The Global Status Report on alcohol and health (WHO 2014) indicates that in Uganda, the combined total alcohol per capita consumption among both men and women (15 years and above) was 28.16% of pure alcohol. Compared to other East African countries, Tanzania at 18.4%; Rwanda at 22%; Kenya at 18.9% and Burundi at 22%, Uganda is the highest consumer of alcohol in East Africa. The alcohol market in Uganda is not balanced: only 9% consume professionally processed beer from the companies, while 89% consume illicit brew. Uganda provides fertile ground for breweries and distilleries to invest, and currently there are two large multinational breweries (*the focus of this research*), and 27 local spirit-producing factories (UMA 2017).

However, Toesland (2016) argues that the breweries are not the problem, but rather the inexpensive, illicit and adulterated homemade brews that constitute most of the alcohol consumed in Africa, and which have brought the public health risks of alcohol to the forefront. Nevertheless, as discussed in Chapter 2, whereas manufactured and /or professionally-brewed

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<sup>2</sup>For the current 2017 fiscal year, low-income economies are defined as those with a Gross National Income (GNI ) per capita, calculated using the [World Bank Atlas method](#), of \$1,025 or less in 2015 (World Bank Group 2017).

drinks make up only 38.9% of the volume of alcohol consumed, they make up 75.9% of its value; illicit and adulterated brew constitutes 61.1% of the total market, but in value, only constitutes 24.1% (AB InBev 2014). Diageo and AB InBev also compete with the illicit brew market by producing brands like Senator (EABL 2016) and Chibuku (NBL 2016) which are cheap (£0.65 or \$0.84 per 500ml unit) but with a high alcohol content (8% ), in order to increase their market share (or to reduce the illicit brew market share from 89%). Therefore, like other multinational companies in Uganda, the two breweries have a significant social, ethical, environmental and economic footprint in the communities in which they operate. To the best of the researcher's knowledge, there is currently no literature on the role and contribution of companies (the breweries) towards HIV and AIDS care, treatment and prevention strategies.

## **1.4 Research aims and research questions**

This thesis reports on research carried out to examine the role of the private sector, through CSR, in the prevention, care and treatment for HIV/AIDS in Uganda. It seeks to contribute to knowledge by presenting the voices and perceptions of various stakeholders (beneficiaries, company managers, and NGO partners) through their CSR engagement. A couple of studies have been conducted on the contribution of the CSR activities of Diageo and AB InBev; however, these focus on their social and economic contribution to society. For example, Katamba and colleagues (2014), in their mixed research methodology, documented 'CSR activities of 16 companies operating in Uganda and their contribution to the Millennium Development Goals (MDGs)'. They found that the companies were instrumental in lifting communities out of poverty, and therefore focused on MDG1 (*eliminate extreme hunger and poverty*), MDG3 (*promote gender equality and empower women*) and MDG8 (*global partnerships for development*). Similarly, in research on the 'opportunity for global businesses to leverage their CSR strategies', Attwood (2007) found that AB InBev plays an important role in enhancing social and economic benefits to society. More recently, research by Katamba et al. (2017) adopted stakeholder theory and corporate citizenship theory to determine the role of CSR in strengthening the health system. However, the study neglected the specific role of alcohol companies.

This thesis uses a different methodology from that of Katamba et al. (2014; 2017) and Attwood (2007), and makes a novel contribution by not only revealing that Diageo and AB InBev engage

in CSR, but also in detailing the stakeholders' perceptions on the companies' motivation to engage in HIV- related CSR in particular, and its contribution to the prevention and mitigation of HIV and AIDS. It adopts Ten Pierick et al.'s (2004, p. 15) corporate social performance framework (CSPF), which comprises the three categories of corporate social responsibility, corporate social responsiveness and corporate social performance. The framework is used to analyse the understanding, motivation and activities in which the companies engage: a framework that could be adopted by other businesses, including multinational and/ or SME companies in Uganda, to contribute to HIV and AIDS treatment and care, and/ or the treatment and care of other diseases, such as malaria and tuberculosis. This research also contributes to practice by providing evidence that companies not only benefit from supporting their employees living with HIV and AIDS, but by supporting the other stakeholders along the supply chain, including suppliers, customers and consumers, as well as other community members.

This study focused on the conceptual assessment by which the breweries have implemented HIV and AIDS programmes either into, or as, their CSR initiatives. It seeks to determine the role of the private sector, through their CSR strategies, towards the prevention, care and treatment of HIV and AIDS in Uganda. This focus is on the activities that have been implemented by *alcohol companies*, both internally: within the companies themselves, and externally in the communities in which they operate. In order to understand the contribution that these companies make towards the prevention, treatment and care of HIV and AIDS, it is important to determine the experiences of the people who manage the activities, the partners they work with: for example, health workers and NGO managers, and the beneficiaries of these services. Therefore, this research seeks to fill the gap in the literature on the role and contribution of alcohol companies (through CSR) towards improving access to the prevention, treatment and care of HIV and AIDS, and to determine the perceptions and attitudes of stakeholders towards these activities.

### **The main research question**

What do stakeholders' perceptions of the Diageo and AB InBev CSR activities reveal about the alcohol industry's contribution to the prevention and mitigation of HIV and AIDS in Uganda?

## **Research objectives**

1. What is the general understanding of CSR among selected stakeholders (breweries, partners and beneficiaries)?
2. What motivates alcohol companies (Diageo and AB InBev) in Uganda to engage in HIV related CSR activities?
3. What is the nature of the CSR strategies that breweries engage in to support HIV and AIDS prevention, treatment and care initiatives?
4. What effect have the HIV and AIDS related CSR strategies of Diageo and AB InBev had on the lives of stakeholders and on the communities in which they operate?

## **1.5 Personal interest**

This interest is rooted in the researcher's past six years' experience working for Uganda Breweries Limited, a subsidiary of Diageo, in sales and marketing roles. In these roles, the researcher created and implemented initiatives to promote beer and spirits sales and consumption, in order to meet set targets and objectives, but most importantly, to make profits for the business. The researcher was actively involved in the distribution of the different company brands to various outlets, and most importantly, in creating rapport with consumers to ensure that they chose Diageo beers and spirits over competitors. During this time, the researcher engaged in CSR activities such as tree planting and water projects, as part of the company's CSR employee voluntary scheme to support the community. This allowed the researcher to interface with the consumers of brewery products, as well as the beneficiaries of the CSR activities. Curiosity developed around the role played by breweries to support the people who work for them, those they were working with, and their consumers, many of whom were constantly sick, with some living in abject poverty. This also happened at a time when alcohol was increasingly being cited as a contributor to various social problems: for example, in the WHO development plans (WHO 2010b)



## **1.6 Organisation of the thesis**

Chapter 2 presents an in-depth review of contrasting existing literature and perspectives on key themes, such as global and national trends in HIV and AIDS, the impact of HIV and AIDS on the macro and micro economy of the country, interventions for prevention, treatment and care for HIV and AIDS and the challenges of achieving these interventions. Drawing on global and regional studies, this chapter also provides an understanding of alcohol in society, and presents the debate on the emphasis that research has placed on the link between alcohol, and HIV and AIDS.

Chapter 3 contextualises the concept of CSR by introducing the corporate social performance framework (CSPF) by Ten Pierick et al. (2004). The framework is made up of three categories which according to Ten Pierick et al. (2004), must be used together to understand the contribution of a business' CSR activities to society. The first category comprises corporate social responsibility, which is used to analyse what companies perceive their responsibility to society to be, as well as how various academics and companies understand it, and how it has evolved over time. The second category is corporate social responsiveness, which analyses what and how companies respond to stakeholders and issues that affect their business. The third category is corporate social performance, which measures and analyses the actual contribution that companies make through their CSR activities. This is followed by explaining the challenges and justifications for selecting the framework and the perception of CSR being a solution to many of the problems of societal development.

Chapter 4 presents the study methodology, including the research philosophy (constructivist and interpretivism stances) and how these influenced the choice of the approach. This chapter also details the profiles of the case study companies, areas of study and participants, and the strategies that were adopted to obtain the data that was then analysed for the study. The process of data analysis is described, along with the limitations and ethical considerations involved.

Chapter 5 is the first findings chapter, and is divided into two sections, which follow the first two categories (corporate social responsibility and corporate social responsiveness) of Ten Pierick et

al.'s (2004) corporate social performance framework. The first section presents the participants' understanding of CSR by mapping it along the four approaches of CSR (ethical, legal, economic and philanthropic). The second section adopts the second category; corporate social responsiveness, which includes environmental assessment, stakeholder management, issues management and value creation, to analyse the participants' perceptions of the factors that motivate the two breweries to engage in HIV related CSR. The two findings chapters utilise direct quotes to illustrate these findings.

In Chapter 6, participants' perceptions are mapped along Ten Pierick et al.'s (2004) final category of corporate social performance, in order to analyse perceptions of the contribution of the breweries' CSR activities towards the prevention and mitigation of HIV and AIDS. This chapter also utilises the corporate social performance category to show the nature of the CSR strategies the companies adopt.

Chapter 7 evaluates the study's choice of CSPF, and its appropriateness in answering the research questions posed in Chapter 1. Using integrative theory approaches, the perceptions of participants on the CSR activities of the companies were explored, to highlight the contribution that the study makes to theoretical debates in the field of CSR and global health. The chapter also discusses the practical implications of the study, and provides some recommendations for policymakers and business practitioners on the business case for CSR.

## **CHAPTER 2: HIV AND AIDS AND ALCOHOL IN SOCIETY**

### **Introduction**

This study is concerned with company managers' and other stakeholders' perceptions of the HIV and AIDS related CSR activities of breweries, and the contribution these activities make towards eliminating the HIV epidemic in Uganda. The term 'HIV epidemic' is adopted for this research to mean 'HIV and AIDS' because, as recommended by UNAIDS (2011), it is the most inclusive formulation for both HIV and AIDS. This chapter is divided into two sections; the first section identifies, presents and contrasts existing literature and perspectives on the key research themes of HIV and AIDS. The first section on HIV and AIDS starts with Section 2.2, detailing the changing trend of HIV; this is followed by a brief history of the epidemic in Uganda. Under this section, the impact that the epidemic has had on individuals and the community, socially and economically, is discussed, at national, community and company levels, to justify the call to action for businesses to engage in efforts to mitigate the impact of HIV and AIDS. The strategies and campaigns rolled out by governments, international agencies and NGOs to prevent HIV, and ensure that PLHIV have access to treatment and care, are discussed in Section 2.4. The research refers to the recently launched Sustainable Development Goals (SDGs) in this section, which are a reinvigoration of efforts to ensure that the HIV epidemic is reversed; particularly Goal 3.3, which aims to end the epidemic by 2030. In spite of the SDG targets being rolled out, the literature identified a number of challenges, that were preventing universal access to treatment, and thus allowing HIV and AIDS to continue to increase, including socio-economic challenges, and risky sexual behaviour as a result of excessive alcohol consumption. This section is a background for the second section, on alcohol and the alcohol industry, in Section 2.6, which focuses on how alcohol is perceived in society, both globally and in Uganda. Alcohol production, consumption, and marketing, both globally and in Uganda are discussed in Sections 2.6.1 and 2.6.2 respectively, before focusing in Section 2.6.3 on the causal link that has been identified by various researchers.

## **2.1 Searching the literature**

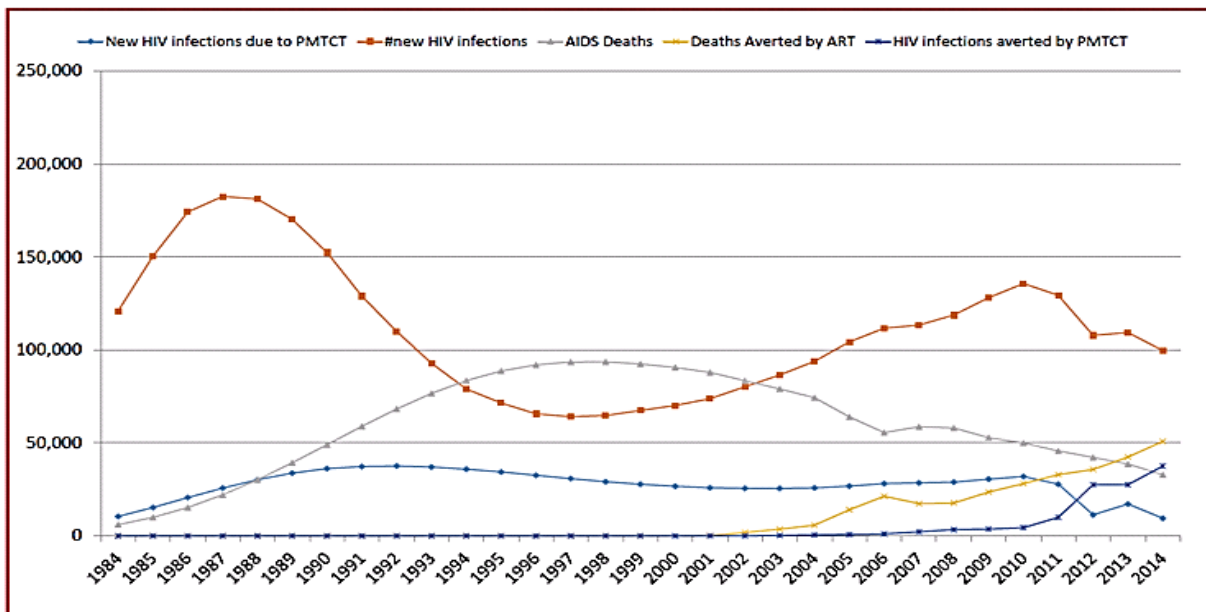
An extensive search was conducted to identify articles that describe current and past HIV and AIDS challenges and initiatives, globally and nationally; as well as factors that motivate companies to engage in CSR, the strategies they employ, and the activities they engage in. The research process included various database searches using key words such as 'HIV', 'Uganda', 'CSR', and 'AIDS', as well as phrases such as , 'HIV and AIDS', 'History of HIV and AIDS', 'alcohol and HIV', 'alcohol policies and laws', 'Corporate Social Responsibility in Uganda', 'Corporate Social Responsibility and HIV', and 'Motivation to engage in CSR'. In order to understand the contribution of the private sector to efforts to mitigate HIV and AIDS, it is important to first understand the trend and impact of HIV and AIDS, both globally and in Uganda. Consequently, the nature of the research required detailing the history of HIV and AIDS, the alcohol industry in Uganda, and the evolution of the concept of CSR; therefore, whereas recent literature is expected to identify the latest developments, the literature search was broadened to cover the years from 1961 to 2017. The databases searched include PubMed; Google Scholar; World Health Organisation, Joint United Nations Programme on HIV/AIDS (UNAIDS); Uganda AIDS Commission; and brewery websites. Evidence from high income countries, including Britain and the USA, has been included in this review because it provides useful information, especially since the fight against HIV and AIDS in Uganda and other low-income countries is largely funded by these countries. Secondly, the two breweries on which this research centres are MNCs, and so have roots in countries that may dictate the CSR activities they engage in.

## **2.2The HIV epidemic: its trend and impact**

HIV is a virus which affects the immune system. The immune function is typically measured by Cluster of Differentiation-4 (CD4) cell count, which decreases when someone is infected with HIV, and eventually leads to a range of opportunistic infections (WHO 2014). Singhal and Rogers (2003) explain that when the CD4 count falls below 500 cells/mm<sup>3</sup>, it signifies a weakened immune system; if it falls below 200 cells/mm<sup>3</sup>, then the person is considered to be at

the most advanced stage of HIV infection: Acquired Immunodeficiency Syndrome (AIDS)<sup>3</sup>. It is estimated that without treatment it takes 10-15 years for an HIV-infected person to develop AIDS (WHO 2014). At this point, as the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to a wide range of opportunistic infections. However, antiretroviral therapy (ART)<sup>4</sup> can slow down the progress of HIV, preventing the symptoms associated with AIDS, and therefore prolonging life (Parkhurst 2002). Recent evidence shows that successful treatment can suppress the virus below a detectable viral load (though it is not entirely eliminated from the body) and thus the person with HIV is no longer infectious and can have unprotected sexual relations with another person without infecting them with HIV (UNAIDS 2015).

**Figure 3: Trends in HIV incidence in Uganda : 1984 to 2014.**



Source: UAC (2014, p.7)

Data in Figure 3 above shows a correlation between increased access to antiretroviral treatment, and reduction of AIDS related deaths and new HIV infections. At the Vancouver conference in 1996, research was presented which showed that ART triple therapy could result in long-term

<sup>3</sup> The definition of AIDS has varied between countries and over time but international guidelines currently specify a specific number of CD4 cells as well as an agreed list of opportunistic infections.

<sup>4</sup> Antiretroviral therapy (ART) is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs. The standard treatment consists of a combination of at least three drugs (often-called “highly active antiretroviral therapy” or HAART) that suppress HIV replication. Three drugs are used in order to reduce the likelihood of the virus developing resistance.

suppression of symptoms, and in 2004, free ART was started in Uganda (UAC 2014). The chart also shows that whereas there has been a significant drop in the number of new infections, the number is still very high when compared to the targets set by UAC (2014) and UNAIDS (2014b) under the MDGs.

## 2.2.1 The history of HIV in Uganda

Chapter 1 presented the progression of the epidemic in Uganda from 1982. A number of policy and health responses were introduced during this period. The table below provides a historic timeline of key issues in the Ugandan epidemic, and resulting policies and other responses.

**Table 3: The history of HIV and AIDS in Uganda: a time line.**

	1982	1987	1992	1997	2002	2007	2012	2016
First incidence seen in Uganda in Rakai district, in Kasenero								
900 cases reported by 1986 rising to 6000 by 1988 (Kirby, 2009)								
National AIDS control program(Abstinence, Be Faithful, Condoms) rolled out in 1986 to curb the disease								
Health system strained to breaking point. Country's per capita health expenditure was under \$3 (McFarland 1997).								
Millenium Development Goals 2000-2015 (MDG, 2000) set with HIV as one of the major issues to be combatted by 2015								
91 percent of Ugandan men and 86 percent of women knew someone who was HIV positive.								
Death incidence rate at 8000, considered the highest in Africa and among the highest in the world								
Uganda launches its first Prevention Mother To Child Treatment (PMTCT) policy guidelines. Over 41000 women recived PMTCT in 2003								
HIV and AIDS rate goes down drastically, and an indication in behaviour is noted with 51% using condoms with irregular partners. From 21%-7%								
Abstinence is the major strand of the ABC approach since 2003, investment in abstinence-only programmes from PREPFAR. Condom use no longer emphasised								
Free antiretroval drugs become available in 2004								
In 2006, only 24% of people who need ART are receiving it.								
In 2008 the Global Fund signs Round Seven of \$254m for HIV/AIDS for the next five years.								
HIV incidence rate goes up from 6.4% to 7.3%. The drive is evident among married couples regardless of the various campaigns to get off the sexual network (A network is formed when an individual has sex with more than one person and those they are having sex with also have other partners)								
HIV incidence highest among key populations(sex workers, gay community)The Uganda Anti-Homosexuality Act, passed by parliament in December 2014 and officially signed into law in February 2014, is thought to have resulted in increased stigma, harassment and prosecution based on sexual orientation and gender identities. Finances were cut off by international donors like SIDA and PREPFAR; as a result affecting uptake of HIV treatment. (UNAIDS, 2016)								
HIV incidence rate goes down to 7.1%(1.6million people) living with HIV. 28 000 deaths a year and 57% accessing treatment (UNAIDS, 2015; WHO, 2016). Sustainable Development Goals 2015-2030 set withHIV as a major focus.								
By 2016 only 57% of adults are receiving treatment for HIV and AIDS. New infections reduce from 140,000 in 2013 to 83000 in 2015 (UNAIDS, 2016)								

Compiled by Researcher: Data source, (varied)

As can be seen in Table 3 above, the first incidence of HIV in Uganda was reported in 1982, in Kasenero, (bordering Tanzania) in Rakai district, in the southwestern part of the country. The local name for the condition that was causing the extensive wasting which was typical of AIDS was ‘*slim*’ (MoH 2010; Murphy et al. 2006 and Okware et al. 2005). By 1986, over 900 HIV cases were reported, and the National Control program (ABC) was rolled out. In 1997, given the country’s restricted health expenditure of £3million, the health system was strained to breaking point (Okware et al. 2005). In 2002, there were 8000 AIDS-related deaths, the highest in Africa (McFarland 1997). In 2004, ART was rolled out for the first time in Uganda, and by 2006, 26% of those who needed it could access it (UAC 2015). In this year, the rate of HIV infection dropped dramatically from 21% to 7.3%, and Uganda was commended for its success; however, by 2013 the number of new infections was steadily increasing again (UNAIDS 2012; WHO 2015a: UAC 2015b). The impact that the HIV epidemic has had on individuals, families, society, and the country is far reaching, as detailed in Section 2.3 below. UNAIDS (2017) data shows 19.5 million people on life-saving treatment, and AIDS-related deaths halved, in East and Southern Africa since 2005. The report further shows that four countries: Uganda, Malawi, Mozambique, and Zimbabwe have reduced new HIV infections by 40% or more since 2010 (UNAIDS 2015b).

### **2.2.2 The impact of HIV and AIDS on the global economy**

Moving on from the history of the HIV epidemic, this section discusses the literature on the impact of the epidemic, not only on individuals but also on wider society. Discussion of the impact of the epidemic demonstrates the scale of the problems for all stakeholders in the community, and the need for collective effort to mitigate it.

*What sets AIDS apart as a growing global concern is its unprecedented impact on development. The economic and social impacts of AIDS are not uniform across countries nor within societies, yet wherever it strikes, does AIDS affect individuals, communities and sectors, relentlessly eroding human capacity, productivity and prospects.* (World Bank Group 2017)

The HIV epidemic continues to be a major global public health burden, with over 36.7 million PLHIV, 1.8 million of whom are children (USAID 2013). In 2015, there were 1.1 million AIDS related deaths, and 2.1 million new cases of HIV infection globally, contributing to the increasing

burden of disease (WHO 2015a) as well as putting pressure on the health system. UNAIDS (2013 and WHO (2013) state that globally, in 2013, the number of PLHIV stood at 35.3 million; the number of new infections at 2.2 million; and the number of deaths at 1.6 million. This indicates that whereas the number of PLHIV has gone up, the number of new HIV infections and AIDS related deaths has significantly reduced. Doyal and Doyal (2013) explain this as a high prevalence rate versus reduced infections, in that the number of people living with HIV continues to rise as a result of the longevity of PLHIV associated with ART.

Daly (2000) has argued that the macro-economic impact of HIV may be significant enough to reduce the growth of the national income by up to a third in countries with adult prevalence rates of 10%. HIV and AIDS remains a long-term development challenge (Goodgame 1990; WHO 2013; Doyal and Doyal 2013) by creating intense effects on economic development (Dixon et al. 2002). This is a result of losing the most productive age group (15-49 years), and losing a skilled and experienced workforce (MOGLSAD 2017; WHO 2011), affecting the ability of countries, particularly in Sub-Saharan Africa, to cope with the epidemic (UNAIDS 2012). Michael Sidibé, the UNAIDS Executive Director, recognises that *'the persistent burden associated with HIV undermines efforts to reduce poverty, prevent hunger and preserve human potential in Africa.'* (UNAID 2013, p.iii). When people of productive age are affected by ill health it leads to a reduced market for businesses; this results in reduced total resources available for investment, and so contributes to a decline in economic growth (UNAIDS 2010). Piot et al. (2001) explain that in Côte d'Ivoire, the household impact of HIV/AIDS not only reverses the capacity to accumulate savings, but also reduces household consumption, due to lower earning capacity and productivity, AIDS also generates greater medical, funeral and legal costs, and has a long-term impact on the capacity of households to stay together. Additionally, a study on the impact of HIV in Thailand showed that because of the death of a key family member, two-fifths of affected households disposed of their land (Loewenson and Whiteside 2001). This was done in order to raise money for healthcare, funerals and basic needs.



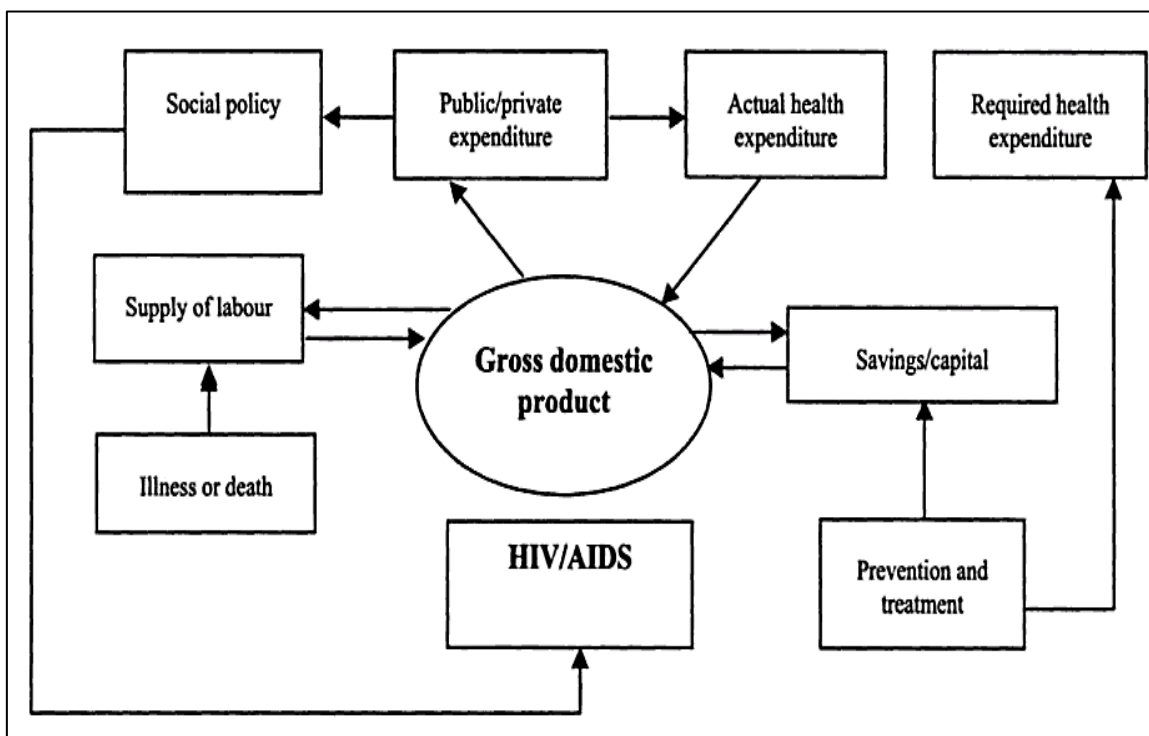
### ***2.2.2.1 The social and economic impact of HIV and AIDS***

Regarding the impact that HIV and AIDS has on communities, Seeley et al. (2010) found that AIDS-related deaths affected agriculture, through creating a shortage in food and cash crop production. Their research in Rakai and Kisoro in Uganda, on small-scale farms, revealed that HIV and AIDS had led to depletion of households, and as a result, there was a progressive decline in the quantity and quality of production (Seeley et al. 2010, p. 330). Danziger (1994) explains that family members, with occasional hiring of wage labourers, run the agriculture in most African countries. Like most African countries, the majority of Ugandan families depend on agriculture as their main source of income (World Bank Group 2017) as well as to feed their communities (Seeley et al. 2010). Danziger (1994) and Seeley et al (2010) found that when a female head of the family dies, an elder child in the family easily replaces her, whereas when a man dies, food supply remains constant but the source of income does not. This eventually affects food crop production, and hence is a great cause of poverty in most communities. Similarly, health expenditures affect other needs, such as children's education, health and nutrition (UNAIDS 1997). According to UNDP (2016), this pushes households from deprivation into poverty, especially since increasing numbers of children and the elderly may have to be supported by a smaller active labour force (Cohen 1997).

In her research, Holden (2003) argues that *“HIV flourishes where conditions of under development – poverty, disempowerment, and gender inequality ... enable it to spread and undermine efforts to prevent its transmission”* (Holden 2003, p.19). Moreover, the behaviour-change programmes used by governments and NGOs to educate communities are frustrated by the social and economic status of individuals. The amount of money required to finance HIV epidemic mitigation in Sub-Saharan African countries is large, and this places a burden on national budgets. The United Nations Department of Economics and Social Affairs (UNDESA 2002, p. 81) reports on the impact of HIV indicates that, *“Foreign and domestic private investment might also decline if potential investors become convinced that the epidemic is seriously undermining the rate of return to investment”*. According to UNAIDS (2013), this, along with poor facilities and infrastructure, is the reason the Millennium Development Goals were still not met in most countries by 2013. In Uganda for example, the UAC (2015) budget

plan shows that a cumulative amount of US\$3.64 billion will be needed to fund the national strategy programmes to combat HIV and AIDS for the period 2016 to 2030.

**Figure 4: United Nations depiction of the impact of HIV on an economy.**



Source: UNDESA (2004, p.82)

Figure 4, above, is a summary of the process through which HIV and AIDS affects the GDP of a country (UN 2002). The epidemic creates a deficiency in productivity, through the reduced labour supply caused by illness and death. Secondly, the required health expenditure on prevention and treatment, public/private expenditure, and the implementation of social policy, take up resources that would otherwise be used as savings and capital. It has been argued by Rampersad (2007) that this contributes to the reduction of the Gross Domestic Product of a country.

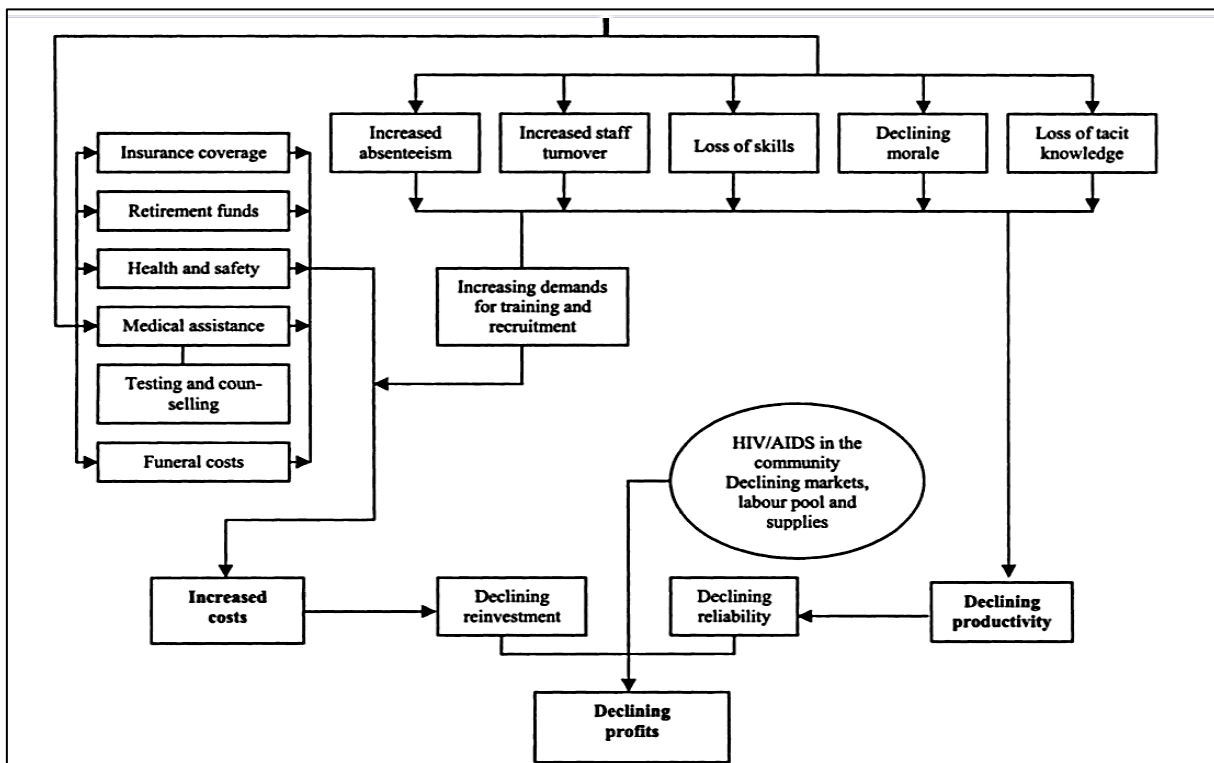
#### **2.2.2.2 Company-level impact of the HIV epidemic.**

An alternative view comes from earlier research by Rosen and Connelly (2005) on 80 small-medium enterprises in South Africa, which indicated that it was easy to replace workers, and

therefore HIV had little impact on companies. However, Hopolang (2003) and Rampersad (2007) argue that the companies still incur costs when replacing and training low skilled workers who are ill or have died of HIV. A number of studies have been conducted on the impact of HIV and AIDS on businesses around the world, and particularly in Sub-Saharan Africa. Katamba et al. (2014) indicate that ill health affects productivity and profits for companies, due to the lost working days of employees, in both the private and public sectors. However, companies, and especially manufacturing industries, are in a special position, because HIV affects not only their employees, but other stakeholders along the supply chain; consequently affecting the supply of raw materials, production and consumption, which ultimately reduces profit. Daly (2000) comments on the effect HIV has on staff well-being, reliability, performance, even leading to declining markets in the community. UNAIDS (2014) and Katamba et al (2014) estimate that of the 1.4 million PLHIV in Uganda, many are employed by the private sector. Similarly, the Uganda Minister of Gender, Labour and Social development, Syda Bumba, asserts that:

*“The AIDS epidemic affects the most productive segment of our labour force, people in the 15 – 49 years age group. It is depriving families, communities and the entire nation of the young and most productive people. The erosion of human capital, loss of skilled and experienced workers and reduction in productivity will result in a mismatch between human resources and labour requirements, with a grave consequence for both the private and public sectors.” (MOGLSD 2007, p.3)*

**Figure 5: A framework showing the socio-economic impact of the HIV epidemic on firms**



UN/DESA (2016, p.54)

As depicted in Figure 5 above, the long periods that stakeholders (including company staff, suppliers, truckers and distributors) along the supply-chain take off work due to sickness reduces productivity (Doyal and Doyal 2013; UNAIDS 2014; UNFP 2016), while labour replacement and training is both costly and time consuming<sup>5</sup> (Dixon et al. 2002).

AIDS-related deaths affect a company further, because they not only have to replace labour, but also traditionally, they spend money on burials. Along with absenteeism and burial costs, UN/DESA (2016) indicates that companies also spend large amounts of money on the medical treatment of employees:

*“Firms and companies are facing substantial cost increases resulting from HIV/AIDS that threaten their viability. The situation has been documented in Botswana, Kenya and Uganda. The annual cost of AIDS per employee was estimated to range from \$49 for a Kenyan sugar firm to \$300 for the Uganda Railway Corporation” (UN/DESA 20016. p.59).*

<sup>5</sup> A number of studies conducted on the private sector in Sub-Saharan Africa by the United Nations Department of Economic and Social Affairs (UN/DESA 2016) revealed that HIV and AIDS has a significant impact on businesses. In Ethiopia, for example, studies carried out in fifteen companies showed that HIV and AIDS-related illness made up 53% of all reported employee illnesses, and this contributed to a considerable level of absenteeism.

In summary, the HIV epidemic has far-reaching effects on the micro and macro level of the economy, influencing the social, economic and environmental structures of society. The section below further describes the strategies that have been rolled out, through multi-sectoral efforts, to reduce the number of new infections and reduce AIDS-related deaths.

### **2.3 HIV and AIDS: global interventions and behaviour-change efforts.**

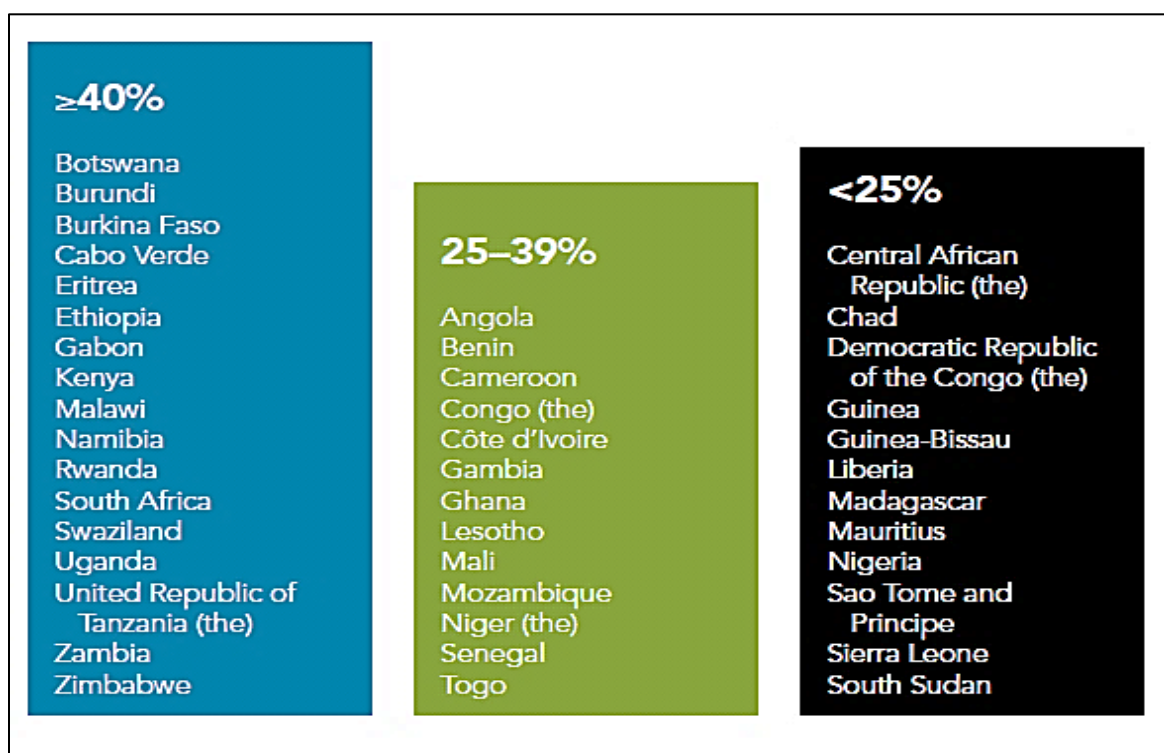
Global focus and leadership has driven financial and human resource investment and research (UNAIDS 2012; Doyal and Doyal, 2013; WHO, 2015) to:

- I. Increase access to treatment, enhance efficiency and effectiveness by improving treatment regimens and diagnostics,
- II. Improve prevention strategies including using condoms, prevention of mother to child transmission, and Safe Male Circumcision (SMC) (UNAIDS, 2016),
- III. Provide education material to create awareness and teach people about HIV spread and treatment.
- IV. Reduce the price of medicines to allow easy access to people who need it (UNGASS, 2013).

The number of PLHIV who are accessing treatment is increasing, and yet a significant gap remains (UNAIDS 2016a). Research (UNAIDS 2016a; UNDP, 2016) shows that in 2015, of the total number of PLHIV globally (36.7million), only 17 million were currently receiving ART.

Unfortunately, UNAIDS (2016b) statistics indicate that this burden of inadequate treatment and prevention material resources is experienced more in resource-poor settings, which incidentally also have the highest HIV prevalence rates (UNAIDS 2016a). As shown in Figure 6 below, in 42 of the 46 countries in sub-Saharan Africa, less than 50% of those needing HIV treatment are accessing it. Various reasons contribute to the inability to access ART in these settings as discussed in Section 2.4.1.

**Figure 6: Scorecard showing the number of adults accessing treatment by country.**



(UNAIDS 2013, p.28)

### 2.3.1 Global HIV prevention and risk reduction efforts

Despite the increasing reduction in the number of new infections attributed to the rollout of treatment, UNAIDS (2016b) and the WHO (2005) argue that progress is not fast enough, because the number of those accessing treatment is lower than that of new infections. Research (Coates et al. 2008; UNAIDS 2017) indicate that to date, behavioural-change strategies have been responsible for the prevention successes. Coates et al. (2008) advocates a mixed method approach, which encompasses an attempt to decrease numbers of sexual partners, increase rate of condom use, delay onset of first intercourse, provide counselling and testing for HIV, encourage adherence to biomedical strategies preventing HIV transmission, decrease sharing of needles and syringes, and decrease substance abuse. To accomplish this, organisations should focus on motivating behavioural change in individuals, couples, families, peer groups or networks, institutions, and entire communities (Coates et al. 2008). These efforts should aim to engage both HIV-positive and HIV-negative individuals, but these social units have fallen short, and as a result, a combination of both behavioural and structural strategies has been

recommended (Coates et al. 2008; Bekker et al. 2012; WHO 2005; UNAIDS 2017). The strategic combination of prevention approaches includes behavioural, biomedical (circumcision and provision of antiretroviral therapies for prevention) and structural approaches. A combination of all three approaches, according to UNAIDS (2016), leads to highly effective HIV prevention. Bekker et al. (2012) elaborate that whereas structural strategies seek to change the context that contributes to vulnerability and risk, biomedical interventions prevent infection. Behavioural strategies attempt to motivate behavioural change within individuals and social units, by use of a range of educational, motivational, peer-group, skills-building and community-normative approaches. This combination strategy is depicted in Appendix G. As discussed in Section 2.3.3.4, in order to achieve progress in averting aggregate spread of HIV, and scale up AIDS responses, key stakeholders' (including international organisations, companies, communities, NGOs, CSOs and even individuals) concerted efforts are required to engage in mainstreaming HIV and AIDS for multisectoral action.

### **2.3.2 Prevention and risk reduction efforts in the Ugandan context**

In Uganda, there are four major official primary-prevention methods promoted by government: abstinence, condom use, being faithful to a sexual partner, and voluntary safe male circumcision, as discussed below. *Abstinence* involves a person (particularly a young person) who has never had sex deciding to delay the first intercourse, and/or adopt secondary abstinence, whereby a person decides to stop sexual activity after initiation, in order to avoid HIV (Okware et al. 2005). Data from the Medical Research Council Programme on AIDS, on research conducted in rural Masaka, Uganda suggests that the protective value of primary abstinence in relation to HIV can last up until the age of 19. On the impact of HIV on delayed first intercourse and acquiring HIV, findings show that for young people up to the age of 19, early age of sexual debut is clearly a risk factor for HIV infection; and, by contrast, primary abstinence is protective (Whitworth 2001), cited in Okware et al. (2005. p, 628). Consequently, faith-based organisations and political leaders have been active in preaching abstinence and faithfulness among their congregations (Okware et al. 2005)

There is strong evidence, according to Okware et al. (2005), Parkhurst (2002), and Avert (2012), that since the start of the AIDS epidemic, faith based organisations excelled in preaching abstinence and its promotion among their congregations, and this has played an important role in promoting monogamous relationships. Interestingly, however, in 2013, it was reported that the increase in new HIV infections in Uganda was mainly among married and co-habiting couples (IRIN 2014; UAC 2013; Avert 2015). This gave rise to campaigns targeting infidelity among couples, for example, “*Cheating? Use a condom. Cheated on? Get tested.*” by Uganda Cares (IRIN 2014) and “*Get off the sexual network*” by the Uganda Health Marketing Group (UHMG 2015).

*Condoms* are an integral part, not only of HIV prevention, but also in preventing other sexually transmitted diseases such as syphilis and gonorrhoea (WHO 2014). Sub-Saharan African countries report constant shortages of condoms: for example, the UNAIDS (2014) Gap Report evidences that only eight male condoms were available per year for each sexually active individual.

Uganda’s 2011 National AIDS Indicator Survey (UAIS 2011) reported declining rates of condom use during higher risk sexual encounters. In 2013, the government increased its condom distribution from 87 million to 230 million condoms (IRIN 2015), but according to Avert (2015), this translates into eight condoms per sexually active male in Uganda per year, which is far from the target. Nevertheless, along with low availability, condom use in Uganda has had a slow uptake, and this may be influenced by Murphy et al.’s (2006) assertion that,

*“Politicians have criticized condom promotion as “pushing young people into sex” and have described pre-marital sex as “deviant and immoral.” Suggestions of a national “virgin census” on World AIDS Day in 2004 raised fears that children could be forced to submit to intrusive medical tests or breach of confidentiality”. Murphy et al. (2005, p. 375)*

Matovu and Ssebaduka (2013), in their research to determine the barriers to condom use among truck drivers and female sex workers in Uganda, found a number of issues, including alcohol consumption before sex, the perception that condom use kills the mood for sex, and male partners’ refusal to use a condom.



Finally, voluntary *Safe Male Circumcision* (SMC) provides substantial protection against the acquisition of HIV-1 infection, according to Bailey et al. (2007). According to the Ministry of Health (2012) AIDS Indicator Survey (AIS 2011), in 2011, HIV prevalence stood at 4.5% among circumcised men and 6.7% among uncircumcised men. Bajunirwe et al. (2016) maintain that SMC has been a successful strategy in Uganda, with over 60% of Ugandan men taking it up by 2015.

On the other hand, alternatives to prevention are in the form of biomedical strategies that have been adopted to prevent new infections. These include antiretroviral therapy (ART) and Prevention Mother-to-child (PMTCT), and these have led to a reduction in infant mortality and morbidity rates, particularly in SSA and other resource-poor settings (WHO, 2013). Mnyani and McIntyre (2009) explain that PMTC is the strategy of preventing HIV infection to the child through administering ART to the mother. Whereas in the past, HIV positive mothers were advised not to breastfeed, to avoid the risk of passing on the virus to the infant (Mnyani and McIntyre 2009), recent research shows that mothers or their infants can take antiretroviral drugs throughout the period of breastfeeding, until the infant is 12 months old. This means that the child can benefit from breastfeeding with very little risk of becoming infected with HIV. According to the UNAIDS (2015) Gap Report, by 2015 over 95% (117,887) of pregnant women in Uganda who tested positive for HIV received antiretroviral drugs to reduce the risk of mother-to-child transmission (MTCT). Having missed the target for the millennium goals, the new SDGs have been set to meet the needs of society globally. In this research, the SDG is detailed because it is relevant to explain the target that Uganda needs to meet in order to reverse its HIV epidemic.

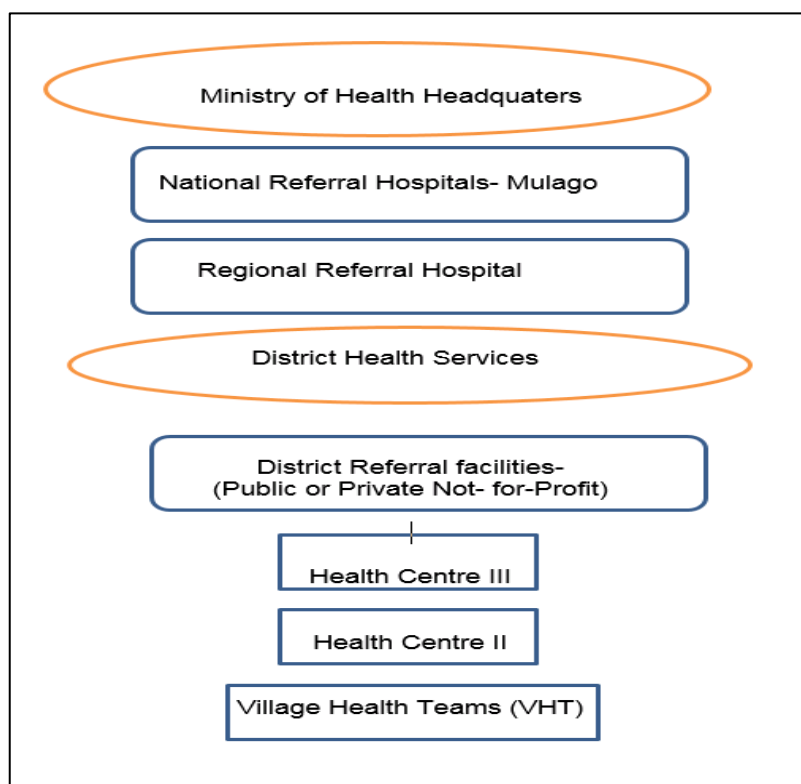
### **2.3.3 HIV and AIDS treatment efforts in Uganda**

#### **The organisation and structure of Uganda's Health system**

Robust treatment and prevention initiatives have been proposed under various strategy reinvigorations. Health services delivery is decentralised within national, districts and health sub-districts. According to WHO (2015) the Ugandan health system has been evolving over the last three to four decades to handle emerging concerns and challenges to the health situation in the

country. The Ministry of Health (MoH 2015) shows that healthcare delivery is made available through a decentralized framework. The health system is divided into national and district-based levels. At the national level, there are national and regional referral hospitals, and semi-autonomous institutions including the Uganda Blood Transfusion Services, the National Medical Stores (NMS), the Uganda Public Health Laboratories and the Uganda National Health Research Organization (UNHRO) (MoH 2015). The national and regional referral hospitals provide HIV and AIDS counselling, testing and treatment, as well as providing condoms and safe male circumcision. At district levels the health service operation is organised into Health Centre (HC) II, III and Health Centre IV, which is also classified as the referral facility. The Health Centre II (HCII) provides a first level of interaction between the formal health sector and communities. These provide outpatient and community outreach services. Health Centres II are run by a nurse and they are intended to serve 5,000 people. This is the first level at which antiretroviral treatment is offered. Mawa et al. (2016) and MoH (2016) report that HCII attendance is high because they are more accessible at village level. The second level is HCIII, which serves approximately 10,000 people, provides in addition to HCII services, in-patient, and diagnostic and maternal health services and HIV care and treatment. This is where pregnant women, who are tested positive, go to get their treatments and care for HIV and AIDS. HCIII provides basic preventive, promotive and curative services and these are managed by a clinical officer. The lowest rung of the district-based health system consists of Village Health Teams (VHTs). These are volunteer community health workers who deliver predominantly health education, preventive services, and simple curative services in communities.

**Figure 7: Organisation of the Uganda Health system.**



*Source: Mawa et al. (2012, p. 6)*

The governance of the health system in Uganda falls directly under the Ministry of Health (MoH 2015). The ministry coordinates stakeholders and is responsible for planning, budgeting, policy formulation, and regulation. The district and sub-district level is governed by the district health management team (DHMT), headed by the District Health Officer. The heads of health sub-districts (HC IV managers) are included on the DHMT. This team oversees implementation of health services in the district, ensuring coherence with national policies (MoH 2015). The District Health Officer has the mandate to give permission to companies, NGOs and other stakeholders to run their activities (including CSR) as they pertain to health.

ISER (2015) reports that regional and national referral hospitals and HC II, HCIII, and HCIV continue to make major contributions to essential HIV and AIDS clinical care in Uganda, however, numerous reports (including those of the MoH 2015) show that challenges affect this provision. Challenges include lack of drugs, shortage of experienced health workers, delays in accessing health care services even at referral hospitals, and neglect of patients. These challenges

provide a platform on which companies base their CSR activities in order to support their communities. HIV related CSR activities are engaged in at both national, regional, or district levels. Comparatively, Uganda Baati Limited built a shade at a regional referral hospital in Mpigi to reduce the spread of tuberculosis (Katamba et al. 2014), while AB InBev partners with Health Centre III in Mbarara to provide HIV testing and counselling to employees and community members (AB InBev 2014).

### **HIV and AIDS treatment and care in Uganda:**

As discussed in Section 2.3.2, and depicted in Figure 4, the advancement of biomedical treatment and prevention strategies by government and other agencies has contributed to a sustained drop in the number of new infections: from 140,000 in 2005 to 83,000 in 2015 (UNAIDS 2015b). The number of AIDS-related deaths has also shown an appreciable decline, from 120,000 in 1998 to 63,000 in 2011 (MoH 2016 and UAC 2016). It is estimated by UAC (2015b) that in 2013, the number of new infections reached the tipping point, where the number of people per year in receipt of ART was higher than the number of new infections. UAC (2016) statistics show that the decrease in new infections was especially driven by the consistently reducing rate among children below fifteen years (from 27,660 in 2011 to 8,000 in 2013). Despite this success, as of 2016, 33% of adults and 53% of children living with HIV were still not receiving treatment (UNAIDS 2015b). Nevertheless, robust treatment and prevention initiatives have been proposed under various strategy reinvigorations.

#### **2.3.4 Reinvigorations of HIV strategies: Sustainable Development Goals (SDGs)**

The previous section has discussed the global and national strategies that have been employed to mitigate HIV and AIDS. This section shows that moving on from the challenges preventing the attainment of the targets set for HIV treatment and care, new strategies have been laid down. The stage has been set for the 2030 agenda under the SDGs (United Nations Sustainable Development Goals 2016) (see Appendix E). The SDGs came into operation in January 2016, and were adopted by all member states. Compared to the Millennium Development Goals, the seventeen SDGs have set overarching targets that need to be met in the following fourteen years. The United Nations Economic and Social Council (ECOSOC 2016) clarifies that the SDG agenda commits

stakeholders to work together to promote sustained and inclusive economic growth, social development and environmental protection, in order to create a world that is just, rights-based, equitable and inclusive. The United Nations Development Goals (UN 2015) adds that just six months after the SDGs were set, tangible effects on the targets were realised in several countries, where national priorities plans have been aligned to the new goals, and then implemented.

#### ***2.3.4.1 Sustainable Development Goal 3***

Particular interest is vested in SDG3, which seeks to provide health and wellbeing for all at every stage of life (UNDG 2016; ECOSOC 2016). Under this goal, there are nine targets, as shown in Appendix E. HIV infections may not disappear in the foreseeable future, but the AIDS epidemic can be ended as a global health threat (UNAIDS 2016). Ambitious targets within the SDGs have been set to eliminate the HIV epidemic by 2030 (UN, 2015). According to UNAIDS (2016), over the past decades, research and scientific studies have been conducted to find a way to halt, and then reverse the spread of the HIV virus, and prevent AIDS-related deaths. Along with treatment, other platforms to curb the epidemic have been adopted, including condom programmes, behaviour change, voluntary medical male circumcision, and other programmes with key populations (UNAIDS, 2016). Results from investment in the AIDS response show enormous gains, and this increases optimism about ending the epidemic, as per the UNAIDS ‘End the AIDS epidemic by 2030’ agenda.

In order to achieve SDG Target 3.3, a global response strategy, the UNAIDS fast-track strategy 2016-2021, has been set up (UNAIDS 2016). This strategy is universal, and is designed to guide national states across the globe on how to tailor activities to regional needs. The United Nations Development Group (UN, 2015) recommends that in order to achieve successful results, it is imperative to localise and make consistent the SDGs and 2030 agenda across the different levels of governance, from global to national, regional and district levels. In order to achieve this ambitious fast-track project, ten measurable targets have been laid out as a suitable framework (UNAIDS, 2016). It is important to note that the focus is on the 2016-2021 targets and expected outcomes.

**Table 3: Global fast-track target and result areas.**

<b>TARGET</b>	<b>FAST- TRACK RESULT AREAS</b>
<b>Target 1</b>	90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment, and 90% of people on treatment have suppressed viral loads.
<b>Target 2</b>	Zero new HIV infections among children and mothers are alive and well.
<b>Target 3</b>	90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV.
<b>Target 4</b>	90% of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services.
<b>Target 5</b>	27 million additional men in high-prevalence settings are voluntarily medically circumcised, as part of integrated sexual and reproductive health services for men
<b>Target 6</b>	90% of key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants, have access to HIV combination prevention services.
<b>Target 7</b>	90% of women and girls live free from gender inequality and gender-based violence, to mitigate the risk and impact of HIV. 90% of women and girls live free from gender inequality and gender-based violence.
<b>Target 8</b>	90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings.
<b>Target 9</b>	Overall financial investments for the AIDS response in low- and middle-income countries reach at least US\$ 30 billion, with continued increase from the current levels of domestic public sources.
<b>Target 10</b>	75% of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection.

*Source: UNAIDS (2016, p.10)*

UNAIDS (2016) explains that these targets do not represent the totality of expectations across result areas, but rather constitute basic dynamic and cross-cutting programmes that, when implemented globally, will contribute to the achievement of the set target by 2020. It is estimated that these targets integrate the economic, social, and educational outcomes in society; enabling sustainable development, improved livelihoods, protection of human rights, reduction of stigma and discrimination, and dignity, for millions of PLHIV.

In order to meet the fast-track AIDS response strategy by 2020, it is estimated that a global investment of US\$31.1 billion will be required (UNAIDS 2016a; b). In low and middle-income countries, a total of US\$26.2 billion will be needed to meet the set targets for the fast-track target, according to UNAIDS and the Kaiser Family Foundation (UNAIDS and KFF, 2016). The US\$26.2 billion is a big leap from the US\$19.2 billion that was available for these projects in

2014 (UNAIDS, 2016; UNDP, 2015). According to UNAIDS (2015), achieving this figure (US\$26.2 billion), will require extra effort and resources from both international and domestic sources. UNAIDS (2016) predicts that once the finances and resources are injected, and the fast-track project is fully adopted and localised in low-and middle income countries, the major benefits of fast-tracking the AIDS response will include:

- *28 million HIV infections will be averted between 2015 and 2030.*
- *21 million AIDS-related deaths will be averted between 2015 and 2030.*
- *The economic return on fast-tracked investment is expected to be 15 times.*
- *US\$ 24 billion of additional costs for HIV treatment will be averted.*

However, a greater cost has been estimated: without HIV treatment scale-up, there is a risk of the epidemic growing and overtaking the response efforts, increasing the length of time in which medication will be required, and thus increasing the future costs of HIV (UNAIDS, 2016, p.4).

#### ***2.3.4.2 Sustainable Development Goal 3.3: fast-track strategy in the Uganda context***

Uganda has adopted the fast track project under the WHO (2013) treatment guidelines, and is among the countries that have registered success in growing the numbers of people who are accessing antiretroviral treatment from 57% to 76.5% between September 2011 and September 2013 (UAC 2015b, p. 8). The National HIV and AIDS Strategic Plan 2015/2016-2019/2020 (NSP) is aligned to the global response to eliminate the AIDS epidemic by 2030. Under the overarching goal of attaining zero new infections, zero-AIDS related deaths, and zero discrimination and stigma (UNAIDS 2016b), four major result areas (prevention, care and treatment, social support and protection, and systems strengthening) have been adopted, which are in tandem with the global fast-track targets shown above.

**Table 4: The National HIV and AIDS Strategic Plan (NSP) fast-track targets and result areas for Uganda.**

Goal	Thematic areas	Objectives and Actions
<b>Goal 1</b>	Prevention thematic goal	To reduce the number of new youth and adult infections by 70% and the number of new paediatric infections by 95% by 2020
<b>Goal 2</b>	Care and treatment thematic goal	To decrease HIV related morbidity and mortality by 70% through achieving and mainstreaming 90% viral suppression by 2020
<b>Goal 3</b>	Social support and protection thematic goal	To reduce vulnerability to HIV/AIDS and mitigation of its impact on PLHIV and other vulnerable adults
<b>Goal 4</b>	Systems strengthening thematic goal	An effective and sustainable multi-sectoral HIV/AIDS service delivery system that ensures universal access and coverage of quality ,efficient and safe services to the targeted population by 2020

*Source: UAC (2015b, p.36)*

UAC (2014b) points out that Uganda needs to increase her domestic mobilisation in the interests of delivering the following set targets: enrolling 15 million people on treatment by 2030 and reversing the growth of new infections. This target will require Uganda to invest resources and efforts into infrastructure, human resources and research. Other areas advanced by UAC (2015 a) for the successful achievement of these targets are dedicated governance, monitoring, evaluation, financing, and resource mobilisation. The NSP advocates reduced vulnerability of HIV and AIDS and sustainable multi-sectoral HIV systems. The estimated cost for implementing the NSP (2015 to 2020) is US\$3,786 million (UAC 2015a). However there is a finance gap of US\$918 million by 2019/2020, as per the projected resource inflow of US\$2,868 million for the next five years (2019/2020), expected from the government of Uganda (GOU) and its partners. The responsibility for financing this NSP requires contributions from GOU, development partners and non-state actors, including the private sector, civil society and local communities. 93% of Uganda's HIV external funding is made up of bilateral funding, while multi-lateral funding makes up 7%. The GOU has demonstrated its commitment to fight HIV and AIDS through tripling its budgetary allocations, from US\$3851.54 in 2008 to US\$14580.83 in 2012. Other funding sources are from private out of pocket sources, which are estimated at 21%. Despite the bulk of funding being met by international donors, in recent years this area of funding has plateaued. This may be explained by UNAIDS and KFF (2016) insistence that low-and-



middle income countries have to increase their expenditure on HIV projects if the fast track goals are to be met. This has led to questions on the role of the private sector in solving some of the issues that affect the societies in which they operate. UNAIDS (2015a) recognises that in order to meet the target to eliminate HIV, it is important for governments and agencies to:

- *Combine strong national leadership and ownership*
- *Ensure good governance, resource mobilization, multi-sectoral planning and coordination*
- *Reinforce capacity to use resources well and implement programmes*
- *Closely monitor and evaluate the AIDS response*
- *Significantly involve communities, civil society and the private sector*

#### **2.3.4.3 HIV mainstreaming strategies.**

Alongside CSR, companies and governments have adapted mainstreaming strategies as a means for dealing with the epidemic. HIV mainstreaming is not a new concept, and has been applied by organisations as early as 2001 when the UNGASS Declaration of Commitment was passed (Ministry of Health 2005). HIV mainstreaming commits organisations to integrate (internalise/mainstream) AIDS responses into their development frameworks, at national, sectoral (public, private and civil society), and local levels. An early writer on mainstreaming, Holden (2003, p.38), describes the HIV epidemic as a problem with no obvious solution, and therefore there is a need for stakeholders to mainstream HIV and AIDS for multisectoral action, in order to scale up responses. Elsie and Katengule (2003) define it as the the process of analysing how HIV and AIDS impact on all sectors, now and in the future, both internally and externally, to determine how each sector should respond, based on its comparative advantage. However, because it is intimately linked to issues of development, it is important for development work to engage more in order to address the problem. According to Holden (2003), HIV mainstreaming means adapting core business to the realities of HIV. It is a process which involves identifying and responding to the causes and consequences of HIV. Three main responses that organisations are advised to put into practice include:

- I. Policies that protect staff from vulnerability to infection, and support staff who are living with HIV/AIDS and its impacts, whilst also ensuring that training and recruitment takes into

consideration future staff depletion rates, and future planning takes into consideration the disruption caused by increased morbidity.

- II. Refocusing the work of the organisation to ensure those infected and affected by the pandemic are included, and able to benefit from their activities.
- III. Ensuring that the sector activities neither increase the vulnerability of the communities within which they operate to HIV and sexually transmitted infections, nor undermine their options for coping with the effects of the pandemic.

Holden (2003) explains that different scholars and practitioners understand mainstreaming differently, but uses five major terms to explain it, including AIDS work (dealing specifically with HIV and AIDS); external mainstreaming (working with issues in external programming) and internal mainstreaming (working with HIV issues affecting individuals in the workplace); and complementary partnerships (emphasising synergy between development work and AIDS work). Elsie and Katengule (2003) explain that there is a thin line in application, as AIDS work falls under both external and internal mainstreaming. Nevertheless, AIDS work alone cannot address the underlying factors which influence the epidemic. For example by setting up boreholes in a village and bringing clean water closer to villages, women do not have to go for water early in the morning, risking rape and HIV infection (Elsie and Katengule 2003).

In a study conducted in Botswana (IRIN 2001), Debswana, a diamond mining company, showed that under internal mainstreaming it provided 90% of the funding for antiretroviral treatment to allow workers to receive it at a subsidised price, created awareness programmes to educate its employees on HIV and AIDS, and provided direct treatment and counselling at clinics. Under external mainstreaming, the company required all the companies it worked with to demonstrate a work place policy and programme on HIV/AIDS for their own employees. Therefore, this strategy enabled access to treatment and knowledge of HIV to employees of other companies along Debswana's supply chain.

In Uganda, various companies have indicated that they have a workplace HIV and AIDS programme, including the two breweries selected for this study (Diageo and AB InBev). Research into various employee healthcare services in five companies in the private sector

(Katamba et al. 2014) revealed that Uganda Baati opens up its staff clinic to the community to test for HIV and AIDS, and has built a shelter at the Mpigi Hospital to relieve congestion in the area on HIV clinic days. These strategies point to external mainstreaming. Standard Chartered Bank, Vision Media Group and the International Hospital in Kampala provide free HIV testing and counselling, HIV awareness, and treatment for all employees who need it. Lastly, AB InBev collaborates with health centres near their brewery in Jinja to offer HIV testing, counselling, and treatment, and gives away condoms to employees and members of the community; this points to complementary partnerships (Holden 2003).

## **2.4 Challenges to achieving prevention and treatment strategies in Uganda.**

Two major categories have been identified among the challenges to conducting interventions and effecting behavioural changes in PLHIV themselves; socio-economic factors and reduced funding for the problems associated with HIV and AIDS. Literature on the challenges of accessing treatment is relevant, because it provides a foundation for this study. It identifies those issues that affect company stakeholders, and is, therefore, a platform for the private sector to adopt as part of their CSR focus.

### **2.4.1 Socio-economic challenges that affect intervention and efforts to effect behavioural change**

Research (UAC 2014; UNAIDS 2015a) points to the large number of people being unaware of their HIV sero-status as a barrier to acquiring treatment and resources for prevention. According to UAC (2010), this is an effect of the poor health system in Uganda, as well as falling into the socio-economic category. There is a need to increase the number of people being tested for HIV, and get them started on immediate treatment. Research (MoH 2013; UAIS 2014; Doyal and Doyal 2013) cites social stigma and discrimination as the primary reason given for people not getting tested for HIV. UNDP (2016) affirms that HIV-related stigma and discrimination persist as major obstacles to comprehensive HIV testing, thereby achieving an effective HIV and AIDS response globally. Similarly, testing late for HIV and/ or fear of testing, is often linked to discreditable behaviours, for example, drug and alcohol use, and irresponsible sexual activities (for example, among homosexuals and commercial sex workers) which differ from the social

norm in some communities (WHO 2014; Szu-Szu and Holloway 2016). Consequently, society forms a negative impression, and is prejudiced against people with HIV (Seeley et al. 2010): a factor that, according to researchers (Kirby 2008; Agaba 2009), not only increases stigma, which leads to poor testing numbers, but also results in fewer people accessing treatment, thus frustrating government efforts towards treatment, prevention and care. This is a challenge which affects marginalised groups such as homosexuals, drug users and commercial sex workers (CSW) most significantly (UAC 2013; Doyal and Doyal 2013; WHO 2015; UNAIDS 2016). Agaba (2009) and Bajunirwe et al. (2016) add that stigma also inhibits access to treatment and prevention services such as condoms or circumcision. Similarly, many people fear that if they associate with PLHIV, they may also catch the disease (Szu-Szu and Holloway 2016) and therefore they try to keep away. Consequently, discrimination and stigmatisation of PLHIV is high. Authors (Seeley et al. 2010; Doyal and Doyal 2013) add that this stigmatisation has a negative effect on the number of people who are willing to test voluntarily, and/ or get treatment and care for HIV. Conversely, in Uganda, leaders sometimes fuel stigma; for example, President Museveni is quoted as saying, “*Having HIV is a shame and a disgrace to society.*” at an AIDS Day commemoration in Fort Portal on the 1<sup>st</sup> December, 2014 (Nantaba 2014). According to Bungudu (2013), stigmatisation hinders efforts to encourage people to test and be treated for HIV. In contrast to this, international governments, human rights watch groups and religious leaders have played a significant role in eliminating bills and laws that negatively affect marginalised people, and reduce their access to treatment: for example, opposing the Uganda Anti-Homosexuality Act, 2009 (the “Kill the Gays Bill”) (Ojambo 2011). Olukya (2010) explains that the Act prohibits any form of sexual relations between persons of the same sex, and the promotion or recognition of such relations; initially the penalty for breaking this law was death. However, in 2014, President Museveni bowed to pressure from international governments, because of their cutting back on foreign aid, and ruled the Act invalid on procedural grounds (Ankunda 2010).

Mutale and Michele (2010) argue that although it is an issue in most communities, stigma cannot be used as an excuse for poor uptake of treatment, because various strategies, such as voluntary home counselling and testing, and ensuring privacy at clinics, are available, and have been used by many individuals, thus reducing these barriers. Similarly, the 2014 Uganda AIDS Indicator

Survey (UAC, 2014) shows that growth in incidence is a result of lack of adequate knowledge about the causes of HIV and AIDS, and the availability of care and treatment. Kirby (2008) explains that this lack of knowledge is because the government's HIV education and behaviour change strategies lack clear guidelines, policies and targets. Nevertheless, research by the National Forum of People Living with HIV/AIDS (NAFOPHANU 2013) found that the most common form of stigma in Central and Southwestern Uganda was discrimination through gossip directed at PLHIV, at 60%. This was followed by verbal harassment, insults and threats at 37%, and lastly, sexual rejection at 21.5%, especially high among women. Secondly, gender inequity is an indirect but powerful factor in the sexual spread of HIV (Murphy et al. 2006, p.379), as well as a barrier to access to treatment (Avert 2016). Murphy et al. (2006) add that the low levels of investment in the health, nutrition, and education of girls and women lead to poor knowledge of HIV care and prevention. According to UNDP (2016), HIV-related illnesses are the leading cause of death among women and girls of reproductive age in sub-Saharan Africa; for example, young women and adolescent girls acquire HIV five to seven years before men in their age cohort. In addition, poverty, divisive inequalities and violence place a tremendous burden on achieving the results needed to reverse new HIV infections (UNDP 2016).

Gender based violence (GBV) is cited in UNAIDS (2016) as a contributor to difficulties in access to prevention resources and HIV treatment. The fear of violence prevents women from seeking voluntary counseling and testing for HIV, returning to health centres for their test results, or getting treatment, if they are HIV positive (Devries et al. 2010). Additionally, the fear of violence prevents women from negotiating safe sex with their partners, and they are therefore less likely to use condoms even when their partners are HIV positive (UNAIDS 2016). Similarly, Devries et al. (2010) add that GBV enhances the chances of women being infected with HIV by their husbands, because they are likely to be subject to violent sexual assault, which can cause trauma to the vaginal wall that allows the virus easier access. According to the Uganda Demographic and Health survey (UBOS 2012), in 2010, the Domestic Violence Act has been passed, and yet domestic GBV remains high, with 50.5% of women who either are or have been married reporting physical or sexual violence from a spouse in the preceding 12 months. Various factors, especially excessive alcohol consumption, have been presented by researchers (Kalichmann et al. 2007) as contributors to GBV, as discussed in Section 2.8.4 below.

Poor access to healthcare and/ or healthcare facilities, according to Doyal and Doyal (2013), contributes to the increase in numbers of deaths, because PLHIV may be unable to attend clinic days, eat well or work to earn a livelihood. O'Donnell (2007) explain that this leads to a large number of PLHIV not receiving treatment. In addition, there are constant shortages of ART, testing kits, and prevention materials such as female and male condoms, and circumcision kits, and these shortages contribute to the increase in the number of new infections, prevent access to treatment, and affect adherence to it; leading to PLHIV infecting others (UNAIDS 2015b). The constant shortage of kits and other materials is credited to many factors, including lack of sufficient funds to meet the demand for these services (Agaba 2009; Avert, 2016), and social economic factors: for example poverty, inequality, and lack of facilities (UAC 2015a; UNAIDS 2015a).

Alternatively, it is argued that the shortage of condoms and other prevention material can be attributed to weak health system performance (Waal 2007). According to Kirby (2008) and Tumushabe (2006), programme imbalance in Uganda, with a shift of government support towards abstinence-only prevention programmes alongside a general complacency or 'AIDS fatigue', has reduced the practice of safe sex and/ or condom use. Waal (2007) evidences that through the influence of the president, condom use for HIV prevention was reduced. This is summarised by Murphy et al.'s (2006, p.379) assertion that:

*"Politicians have criticized condom promotion as "pushing young people into sex" and have described pre-marital sex as "deviant and immoral." Suggestions of a national "virgin census" on World AIDS Day in 2004 raised fears that children could be forced to submit to intrusive medical tests or breach of confidentiality".*

Parkhurst (2011) argues that in order to attain success, prevention efforts need to run alongside treatment. Similarly, UNAIDS (2013, p.14) instructs that for a programme to work, *"It is necessary to harmonize messages and the dissemination of information about HIV transmission and various prevention approaches."* However, for these programmes to work, it is important that the services and materials for treatment, care and prevention are in place to meet the demand. Researchers (Gupta et al. 2008; Parkhurst 2011; Auerbach et al. 2011; Doyal and Doyal 2013) argue that in order to eliminate new infections, it may be more practical for governments, NGOs and other agencies to focus more on the drivers of the HIV epidemic, including structural, contextual and social features that form and/or limit individual and community behaviour. These

may include gender inequality, which can lead to forced sex and/ or marital rape, or inability to ask partners to use protection, thus increasing the chances of acquiring HIV (Kalichmann et al. 2010).

#### **2.4.2 HIV funding as a challenge to intervention and behavioural change.**

Similarly to other low-income countries, Uganda is faced with a number of health issues (Uganda National Human Development Report, (UNDP 2016 2008; MDG 2010), with a very low financial ability to manage this burden (UNAIDS 2012). Having laid out plans to meet the SDG 3: Target 3 (to eliminate the AIDS epidemic by 2030), Uganda's current NSP 2015/2016 to 2019/2020 was established, and is projected to require funding of up to US\$3,647 million to meet its target. Traditional donors such as the USA, through PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria, are cutting back funding due to economic pressures (Avert 2013). The reduction in funding for HIV has been further aggravated by other donors such as the Netherlands, Norway and Denmark, rechanneling bilateral aid because of the new anti-gay law (Avert 2013). This law has however been revoked.

Additionally, Uganda missed the sixth round of Global Fund to Fight AIDS, Tuberculosis and malaria in 2006 (Musoke 2006), due to mismanagement of aid (Gavi funds) meant for immunisations in the country. According to Transparency International (TI 2016) findings, Uganda ranks 151 out of 176 countries in the world in terms of high corruption rates. Ndikumana (2016) explains that corruption has dramatic effects on the financial, health and education and infrastructures of African countries. This is evident in the fact that thousands of people missed out on treatment because of the withdrawal of the Gavi funds (Musoke 2006). Consequently, Ndikumana (2006) suggests public-private partnerships, in order to promote transparency and efficiency in the activities of the public sector. However, the World Bank Public-Private-Partnership in Infrastructure Resource Centre (World Bank 2016) indicates that even among these public-private partnerships, there is corruption, and codes of conduct need to be set to manage it.

The current global financial crisis has led to a drop in foreign aid and private financial foreign inflows and remittances (Te Velde et al. 2009). This has resulted in a shortfall to meet the SDG target to eliminate the AIDS epidemic by 2030. It is noted by the WHO 2015; UAC 2015; UNAIDS 2015 that funds for HIV and AIDS are also levelling. Data from the UNAIDS and KFF (2016) report shows that this may be caused by global economic collapse. The health systems were broken, there were few health workers to support these projects, and these had poor knowledge and training in HIV treatment and care. Consequently, funds were channeled towards hospitals and health centre refurbishment, as well as training staff with knowledge in areas other than HIV. This would, however, enable them to use their general expertise to treat people with HIV as well as AIDS, and tuberculosis, as well as other illnesses (Levin and Oomman 2009). Sub-Saharan Africa, as the region bearing the heaviest burden of the AIDS epidemic, is where the majority of the AIDS response investment is required (Musoke et al. 2005; Levin and Oomman 2009; Martin et al. 2012; Mathur et al. 2016). Preliminary estimates for 2012 indicate that around US\$6.6 billion was invested in this response in sub-Saharan Africa (SSA), 47% of which came from domestic sources, with the remainder coming from donor funds (UNAIDS 2014). An analysis by Hecht et al. (2010) indicates that low-income countries depend on external resources to fund their HIV and AIDS investments.

Uganda depends heavily on foreign aid (Figure 2) to meet and sustain the demand for HIV/AIDS prevention, and the care and treatment of those who are infected. Contributions are received through two major channels: either through bilateral or multilateral means. Bilateral, according to UNDP (2013) is where money and/or material is given directly to governments to run the activities of HIV treatment and care; or where funding is injected into projects that the funding organisations run. The multilateral channel involves agencies funding NGOs and HIV partners to support activities and projects. The major contributors are the US Presidential Emergency Fund for AIDS Relief (PEPFAR), the Global Fund (GF) and the World Bank (WB). According to the Uganda National HIV and AIDS Strategic Plan 2016 to 2020 (UAC 2016), in the period 2006-2010, 93% of external aid was through bilateral contributions, while multilateral contributions accounted for 7%. The May 2013 Ministry of Health (MOH 2013, p.5) stock status report (*see Appendix L*) evidences that the strategy to meet the low level status for the second line treatment for ART is:

- I. *To send a request to PEPFAR to fill the current gap in the public sector and*



## *II. To follow up on the global fund pipeline to National Medical stores.*

Nevertheless, with the decreasing and inconsistent funds from donor countries and agencies, efforts have to be made by Uganda to increase its domestic resource mobilisation. UAC (2015) data shows that the concentration of donor funding for HIV, among a very small number of NGO and agencies in Uganda, suggests potential vulnerability should the size of their funding commitments change in the future. The GoU continues to increase investment in the health sector, particularly towards efforts to halt the HIV epidemic (UAC 2015b).

### **2.5 Understanding the challenges and paving the way for new strategies to meet the set targets for reversing the HIV epidemic.**

As discussed above, the burden of the HIV epidemic in Uganda is still high, despite the efforts to eliminate its impact through research, funding, and grassroots campaigns. Whereas this is still ongoing, the Government of Uganda has employed other efforts in order to increase resources to fund HIV and AIDS care and treatment, including sending out requests for support from various agencies (MoH 2013). Recent research by Katamba et al. (2014) on the response of the private sector to health challenges in Uganda indicated that government health centres: for instance Mpigi Health Centre and Hoima Health Centre, had written to companies in their local areas for support. Thirdly, the government tabled the HIV and AIDS Prevention and Control Act 2014, which establishes the legal framework for an HIV-Trust Fund to finance local-level programmes. These use money generated by levies on bank transactions and savings interest, air tickets, beer, soft drinks and cigarettes, as well as taxes on goods and services traded within Uganda. The results of this Act are yet to be determined.

Accordingly researchers (Nkiko and Katamba 2010; Katamba et al. 2012; 2014; Okpara and Idowu 2013) have explored the responsibility and the benefits that the private sector accrues from supporting their communities, and especially where they create an impact socially, economically or in the environment. These are discussed further in Chapter 3. The UNDP (2016) report shows that whereas social-economic challenges that affect the community are the responsibility of the

government and development agencies, companies have a role to play in finding solutions, because the problems that affect society affect them as well.

Poverty, hunger, and illiteracy in Uganda threaten sustainable development (UNDP 2016), and this has led scholars (Visser 2008; Nkiko 2010) to deduce that companies, by supporting their communities' enhanced development, benefit both socially and economically. Nkiko (2010) explains that communities are made up of companies' stakeholders, including employees, suppliers and consumers. Therefore, when these stakeholders experience low productivity and cannot afford to purchase the commodities produced by companies, this directly affects company productivity and profits. Increasingly, private sector institutions have adopted initiatives and partnerships; engaging stakeholders (government, NGOs, community members) to contribute towards increased enrolment to, and sustainability of, treatment, care and prevention services for those who need it. Additionally, in their research on the impact of private sector support of the health sector in Uganda, Katamba et al. (2014) found increased direct and indirect engagement among private-for-profit organisations in the transformation of the health sector, through their CSR agenda. Notable activities include the Management Sciences for Health (MSH 2014) project STRIDES for family health and partnerships between private sector organisations and communities (public-private partnership programmes) to expand and provide sustainable services. In 2014, the partnership between STRIDES and 18 international and local companies raised US\$9.5 million, which was used to promote strengthening of the health system and support community-based programmes, as well as engage in innovations that have contributed to an increase in access to improved health services for underserved communities in 15 districts (MSH 2014).

Therefore, everyone in society, including alcohol companies, has a duty to contribute towards ensuring that the epidemic is reversed by 2030, as per the SDG guidelines. With the on-going debate on the link between alcohol and HIV and AIDS, it is important to understand the alcohol industry and its contribution to the socio-economic development of society.

Up to this point, the research has detailed the trend of HIV and AIDS, including its history and current situation, the impact that HIV and AIDS has on the micro and macro-economic level of Uganda, and the impact it has on business. The strategies employed to mitigate HIV and AIDS,

and reverse its impact, have been discussed, including the new SDGs and the fast track targets. Finally, the challenges that organisations face in achieving these strategies have been discussed. Under social-economic factors that affect the mitigation of the HIV epidemic, alcohol has been cited as a contributor to domestic violence, unsafe sex and drug abuse. The section below describes further the context of alcohol and its relation to the study.

## **2.6 Alcohol in society: its trend and impact**

Bhattacharya (2017) defines the alcohol industry as all the businesses involved in the production and sale of alcohol. This includes, but is not limited to, farmers, distilleries, breweries, packaging manufacturers, distributors, wholesalers, pubs, bars, clubs, restaurants, hotels, supermarkets and off-licences. This section sets out the context of alcohol in the global and the Ugandan context, and finally discusses the link that has been made between alcohol and HIV, through different variables (high risk sex, domestic violence) that may create a platform for increased risk of contracting the HIV virus. The study of alcohol provides an opportunity for re-examining relations between companies and the state, because, according to Mager (1999), alcohol occupies an unclear space between economic, social and cultural production. This unique position creates interest from various stakeholders, locally in communities, in the countries in which they operate, and from global agencies and governments.

### **2.6.1 A global context**

This section lays out the trend of alcohol consumption, globally and in sub-Saharan Africa, as a foundation and point of comparison for alcohol manufacture, consumption and regulation in Uganda. Globally, alcohol consumption is primarily evidenced as a social activity that exists in most communities, entrenched in a setting of values, attitudes and norms (Heath 1995; Adelekan 1992; Willis 2006; Kalichmann et al. 2007; Babor and Robaina 2013).

Nevertheless, increased availability and variety has resulted in misuse of alcohol (UYDEL 2010; WHO 2014). The US National Institute on Alcohol Abuse and Alcoholism (NIAAA 2010) describes alcohol misuse/ harm as consumption that puts individuals at risk for serious health and social consequences. The misuse use of alcohol contributes 3.8% to all global deaths (WHO

2014), 4.6% in global disability adjusted years (Babor and Robaina 2013); and 51% of the burden of disease is attributed to harmful consumption of alcohol (Zablotska et al. 2006). Alcohol-related harm is measured by volume consumed (drinking to intoxication), patterns of drinking (binge drinking) and the quality of alcohol consumed (illicit, moonshine brews) (WHO 2008; WHO 2010). According to NIAAA (2010) statistics, adults consuming over six standard drinks in one drinking session are considered to misuse alcohol or to be binge drinkers. The WHO Global Survey on Alcohol and Health Report (WHO 2014) evidences a five-year trend of under-age drinking, as well as an increase of 80%, globally, in alcohol consumption by 18–25 year olds. The social, legal and economic costs linked to alcohol-consuming individuals result from health risks and social harm to the whole of society (WHO 2014).

Many countries recognise that the harmful use of alcohol causes serious public health problems, and have consequently taken steps to adopt preventive policies and programmes to reduce its impact (WHO 2011). In countries such as Scotland there is strong and effective legislation that regulates sales, promotion and consumption: for example, ensuring a minimum unit price for alcohol (Gilmore et al. 2016; O'May, et al. 2017). Peele and Brodsky (1990) observe that even though alcohol sometimes overpowers users' self-management, especially when consumed to excess, prohibition has never been successful, unless it is embedded in religious or cultural norms. An attempt to prohibit alcohol in the United States of America between 1920 and 1933 resulted in public opposition, and ultimately in illegal supply through organised crime (Pratten and Wright 2013). Over the years, other strategies to reduce the abuse of alcohol have emerged, and these have had mixed impacts. As O'May et al. (2017) discuss, in Scotland, for example, despite legal bans of multi-buy promotions, the purchase and consumption of alcohol was not reduced in the short term. However, Linde et al (2016) found that laws in the USA, such as 'dram shop liability laws', which hold alcohol establishments liable for their patrons' behaviour, have shown a positive response, demonstrated by lower rates of alcohol-related road accidents. This indication, that laws, especially liability laws, encourage responsible serving (sales) at open bars and restaurants, may result in a reduction in the amount of alcohol consumed (Linde et al. 2016).

### ***2.6.2 Alcohol in Sub-Saharan Africa***

Despite alcohol consumption being a long standing tradition in Africa (Kalema et al. 2015), the rate of consumption has, in recent years, started to increase, indicating risky drinking patterns

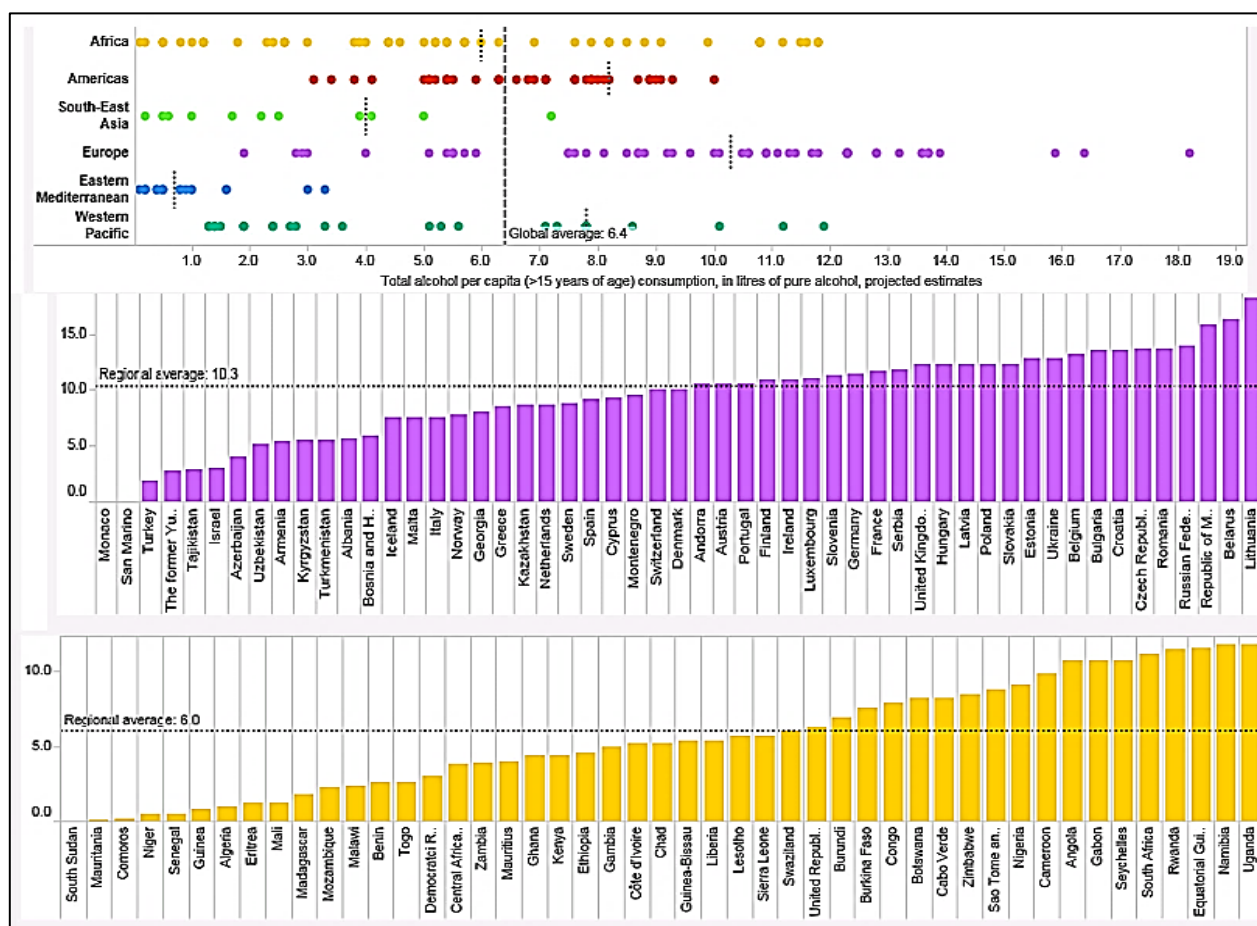
(WHO 2011; 2014). According to Heath (2015), alcohol corporations have marked Africa for global growth and expansion because it has a high consumption rate, growing middle class and large youth population that has yet to start drinking. Historically, alcohol in Africa was used in the exchange of goods and slaves, and in West Africa, imported liquor accounted for 5% to 10% of the region's export slave trade (Ambler 1990, p.75). Adelekan et al. (1992) indicate that alcohol was also used for religious purposes, to pray and negotiate with ancestors for wealth or rain for harvest, and was consumed by respected leaders (male) in society. However, with colonisation came the commercialisation of alcohol, and Pan (1975) and Heap (2005) explain that new distillation techniques, and the importation of alcohol, led to production in larger and more concentrated quantities.

The WHO (2014) report shows that in Africa, countries including Benin, Namibia, Rwanda, Seychelles and Togo have the highest levels of episodic drinking<sup>6</sup>. However, in terms of per capita alcohol consumption, Uganda, Gabon, South Africa and Rwanda have the highest rates, with an average consumption of 6.2 litres of pure alcohol annually. Figure 8 below shows countries with the highest per capita consumption rate globally, and Uganda is the highest in Africa (yellow) with a consumption rate of above 10. However, with a consumption rate of above 10, Uganda's rate is low compared to Lithuania in Europe (above 15).

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<sup>6</sup> The WHO (2011) defines heavy episodic drinking (HED) as the consumption of at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days. Moreover, it is used as an indicator for acute consequences of alcohol use, such as injuries (WHO 2011).

**Figure 8: Estimates of total alcohol per capita consumption of pure alcohol in selected regions**



WHO (2016, <http://apps.who.int/gho/data/node.sdg.3-5>)

According to Kalema et al. (2015), a similar trend across countries in Africa is the wide prevalence of unrecorded, illicit homemade brew, that contributes to easy access for, and therefore facilitates, under-age drinking. Industrialisation made the production of quality, affordable alcohol available to Africans, and this was followed by robust marketing strategies, and the use of raw materials which could be accessed cheaply; as well as cheap packaging that makes the alcohol easily distributed (Pan 1975; UYDEL 2008; Kalema et al. 2015). Willis (2006) and Adelekan et al. (1992) point to a lack of solid policies and legislative measures on alcohol marketing and consumption in the Sub Saharan region.

## 2.7 The alcohol industry in Uganda

The previous sections described the nature of alcohol industries globally, and in other areas in Africa. This section is important, because it demonstrates the landscape of the alcohol industry in Uganda, by detailing production and consumption trends as well as the policies and laws that govern the industry. It is important to understand the nature of the alcohol industry in Uganda, because, as discussed further in Chapter 5, it provides a background to understanding why multinational alcohol companies are compelled to engage in HIV-related CSR.

In Uganda, the manufacturing industry is dominated by Micro, Small and Medium Enterprises (MSME) contributing approximately 20% of GDP, generating over 80% of manufactured output, and therefore accounting for over 90% of the entire private sector (Deloitte 2016). Backed by a strong GDP forecast of 7% for 2017 (World Bank 2016), Uganda's economy continues to grow, driven by large public sector infrastructure projects. Using the national poverty line (*the number of people living on less than \$1.25 a day*), the World Bank (2016) reports that despite levels of poverty in Uganda remaining high, they declined from 56.4% in 1993 to 19.7% in 2013, and this is attributed to increased urbanisation, education and agriculture. This has led to the devolution of services to rural areas (World Bank 2016), enabling easy access to facilities and retail outlets, and therefore making the distribution, marketing and selling of alcohol easy (Robaina et al. 2016).

The alcohol industry in Uganda is a small but not insignificant part of the national economy. According to the Euromonitor Consultancy (2016), the total volume of alcohol produced in Uganda was 1,106,479 Hectolitres, Litres in Alcohol Equivalent (HL, LAE) and in value, it stood at US\$8,802 million. In volume, illicit liquors and homemade brews constitute 61.1% (676,276 HL, LAE) of the total market, whereas in value (tax contribution) they only constitute 24.1%. However, legally manufactured or brewed drinks make up only 38.9% (430,203 HL, LAE) in volume, and 75.9% in value (tax contribution) (Euromonitor Consultancy 2016). The Uganda Business Forum (Uganda Business News 2017) evidences that the two breweries in this study are among the top ten tax payers in Uganda, with SABMiller as the second top tax-paying company: forty-six million pounds (197 billion shillings); and Diageo in fourth place, paying a total of thirty-one million pounds (131 billion shillings) per annum.

Alcohol manufacture in Uganda is varied across small, medium and large enterprises, but this research concentrates on the CSR activities of multinational organisations. Recently, focus has been placed on the activities of alcohol companies, particularly multinational alcohol companies, by governments and international organisations and activists (WHO 2013; 2014). Carroll (1991) and Pratten and Wright (2013), consider alcohol production and marketing unethical and suggest that the alcohol industry must accept responsibility for associated problems, including alcoholism and the often fatal consequences of driving under its influence. Pratten and Wright (2013) advance four reasons for regarding goods or services as unethical, including their approach to the environment, the way the company treats its employees, the extent to which it seeks to assist the community in which it operates, and the product itself. Alongside these factors, reasons for selecting multinational breweries for this research are detailed below.

Firstly, according to Toesland (2016), beer sales in Africa are expected to grow at the fast rate of 5% by 2020, compared to Asia at 4% and Latin America and others at 3%. Toesland (2016) further explains that companies are investing in infrastructure and improving distribution channels in Africa because of these significantly growing sales. For example, in Uganda, in 2012 Diageo set up a new Mash filter to increase production (Diageo 2013), while in 2013, SABMiller invested in a new brewery plant in Mbarara, in South Western Uganda, to increase their production from 18 million hectoliters to 36 million hectoliters per annum, and to meet distribution needs (AB InBev 2014). This solidifies Hatcher's (2013) claim that Africa is the 'new darling' for multinational alcohol companies looking to increase profits. The strategy to open breweries in Uganda is explained by Kasirye and Mutawe (2010) as an attempt to convert people from drinking illicit and homemade brews to manufactured beer.

Secondly, Dr. William Sinkele, a researcher and former alcoholic from the USA, implicates these companies in the promotion of alcoholism, through marketing and advertising. For example, focusing on the Diageo brand Snapp in Kenya, he explains that, "*The alcohol industry is prepping these kids! Billboards [...] present 'the Snapp sisters', three shimmering women who look like a young Destiny's Child, drinking Snapp, a sugary, apple-flavored alcopop.*" Sinkele (2013, p. 2). As discussed in Section 2.6.7 below, MNCs engage in the advertising of their products, and this may contribute to the encouragement of alcohol consumption, although this notion is highly debatable and contested by the alcohol companies.



Thirdly, Sinkele (2013) adds that governments eliminate or reduce taxes for the alcohol companies, enabling them to reduce costs for beers such as Diageo's 'Senator', which are sold to consumers at less than three dollars a bottle. Lastly, the two breweries in this study have been seen to present themselves as responsible, by engaging in activities to support their communities locally, nationally and internally. Following the United Nations (UN) political declaration on the prevention and control of non-communicable diseases, the World Health Organization (WHO 2013; 2014; 2015) set targets for reducing alcohol-related harm by 10% across the world by 2025. The two companies in this study, Diageo and AB InBev, share their goals as follows:

*"Every one of our hundreds of responsible drinking programmes, partnerships and campaigns is in service of this [...]" (Diageo 2016).*

*"[...] the reasons why people abuse alcohol are numerous and complex. That's why there is growing international consensus that tackling this important health and social issue requires all stakeholders to get involved" (AB InBev 2015).*

Therefore, multinational breweries are of more interest in filling gaps in understanding of the role of alcohol in the prevention and mitigation of HIV and AIDS in Uganda than locally owned breweries.

### ***2.7.1 Alcohol consumption in Uganda***

As well as the link between poverty and alcohol abuse, the growth of the economy also leads to problems caused by the consumption of alcohol. There is a very active social life in Uganda, given the growing young population (UNBOS 2016), and this contributes to the growth in volume and value of alcoholic drinks (Babor and Robaina 2013). The Uganda National Bureau of Statistics (UNBOS 2016) also reveals a growing middle class, with a relatively higher disposable income. Ayoki (2012, p.ix) explains further that, *"The growth in [the] middle class, both in terms of size and its purchasing power over the past ten years, has been the outcome of population and economic growth, tertiary education expansion, advancement in information and communication technology, and innovation in financial services"*. It is no surprise that Uganda is looked at as a potential market by multinational breweries and distilleries, because the WHO (2014) and UNBOS (2014), show that 55% of Uganda's population is made up of individuals under 18, while 23% are young people between 18 and 30. This backs Heath's (1995) finding

that in most societies, the largest section of consumers of alcohol is made up of young people between 15 and 36 years old.

Alcohol consumption in Uganda is not balanced, and as indicated in Figure 9 below, beer consumption is low at 9%, wine at 1% and spirits at 2% even lower when compared to the 88% consumption of other alcohol types. Euromonitor Consultancy (2016) attributes this trend of alcohol consumption to the affordable and easily accessible illicit or homemade brew, which may not require any age identification to access. The social and economic class of alcohol consumers in Uganda dictates where and what type of alcohol is bought and consumed, and therefore the cheaper brew is widely consumed (Kasirye and Mutawe 2010; Wanjala 2014). Firstly, alcohol in Uganda is sold both *on-trade*<sup>7</sup> including fine dining, bars, restaurants, and pubs, and *off-trade* including supermarkets, kiosks, and forecourts. Research (Euromonitor International 2016) showed that small shops by day turned into bars at night, and these mostly sell illicit brew. Kafuuko and Bukuluki (2008) adds that in most areas, the consumers with more disposable income prefer to drink in bars and pubs in town.

Secondly, the production and high consumption of illicit brew in Uganda is attributed to easy access: it is sold openly in both urban and rural areas (WHO 2013; UNBOS 2014); as well as to its affordability (AB InBev 2016). Poverty has an impact on consumption, and socially-deprived heavy drinkers experience a higher level of harm attributable to alcohol (WHO 2014). Euromonitor Consultancy (2016) reports that the majority of the population on low incomes go to the small shops and village outlets, and the homes of local brewers, where less expensive illicit brew is shared in gourds among multiple drinkers.

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<sup>7</sup>On-trade refers to the sale of alcohol to be consumed on the premises while off-trade applies to drinks that are consumed 'off' or away from the premises.

**Figure 9: Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage.**



Source: WHO (2014, p.1)

The WHO (2014) evidences that over 23.7 litres of alcohol per capita is consumed in Uganda, and that 89% of this is unregulated, home-brewed, and sold illegally. Kasirye and Mutawe (2010) refer to it as ‘illicit’ brew or ‘moonshine’ and it falls into various categories, including counterfeited and illegal brands, ethanol smuggled as a raw material, or packed beverages and homebrewed or artisanal alcohol. Research by Euromonitor International (2016) explains that this illicit brew is a distilled alcoholic beverage, made using indigenous ingredients (millet, sorghum, corn, pineapples, and bananas) with ethanol added for fermentation. As detailed in Appendix H, different regions produce different varieties of brews: for example, ‘Malwa’ (millet brew) is made in northern and eastern parts of Uganda, while ‘Tonto’ (banana brew) is made in central and western parts of Uganda (Kafuuko and Bukuluki 2008). In Uganda this brew is commonly referred to as ‘Waragi’. Waragi derives its name from “War Gin”, a term used by the colonial masters to refer to the gin that locals would drink for ‘Dutch courage’ on the battlefield (Diageo 2016). Interestingly, Uganda Breweries Limited (Diageo 2016) has adopted the name Uganda ‘Waragi’ for its number one selling spirit. Heath (2015) reports that, *“Illegal alcohol permeates [the] Ugandan people and economy, exacerbating poverty and chronic illness among the population.”* Additionally, according to the WHO (2014), this high consumption has contributed to social damage, mental illness, blindness and death.

### ***2.7.2 Alcohol production in Uganda***

Kasirye and Mutawe (2010) and UNBOS (2013) explain that industrial production of alcohol in Uganda is highly mechanised and under the propriety of multinational companies: for example Uganda Breweries Limited under Diageo PLC, and Nile Breweries Limited under AB InBev. Heineken, although a strong brand in Uganda, only runs a distribution setup (UNBOS 2013). According to Kasirye and Mutawe (2010), a local brewery, Parambot Breweries, has failed to expand because of competition from the highly mechanised multinational breweries like Diageo and SABMiller (Euromonitor consultancy 2016). Along with these three Breweries, the Uganda Manufacturers Association (UMA 2017) lists over twenty-five distilleries in Uganda that produce whisky and other spirits and liquors. These are mainly located in the slum areas of Bombo, Kireka and Budo (UMA 2017). According to Kasirye and Mutaawe (2014) the drinks from these companies are mainly packaged in sachets (tot-packs) that are easily accessible, cheap (£0.33) and can be hidden and even smuggled into schools and places of work. This contributes to the problem of alcoholism, because individuals can access sachets at any time, and the cost is minimal (Euromonitor International 2016). Interestingly Diageo sells some of its spirits and vodkas in sachets and at a low price (Diageo 2013). The researcher observes that the brewery has a disclaimer message at the bottom of the poster that “Excessive consumption is harmful to your health. Strictly not to sell to persons under 18 years. Do not drink and drive.” However, as can be seen in Figure 10 below, this message is barely visible, much smaller than the brand name and the promotional price, and may not contribute greatly to preventing consumers from drinking it to excess (Toesland 2016).

**Figure 10: The Diageo in-bar poster communicating reduced prices of the new sachet.**



*Source: Uganda Breweries Limited (Diageo 2013)*

### ***2.7.3 Laws and policies that govern alcohol manufacture, sale and consumption in Uganda***

Babor and Robaina (2013) define policy responses as the purposeful effort or authoritative decisions made by government to manage and prevent negative consequences related to alcohol consumption. In 2004, Uganda was declared the country with the highest per capita alcohol consumption in East Africa, and yet thirteen years later, it not only lacks a clear national alcohol policy, but existing laws are weak and ineffectively enforced (Namaara and Muhwezi, 2014; Mbulateiye et al. 2000; WHO, 2014; Heath, 2015; Kalema et al., 2015). Nevertheless, policies

and legislations have been proposed and passed in Uganda, and these are summarised in Appendix H.

There is a lack of consistent and accurate registration and inspection of manufacturers and traders, and this has helped the illicit brew business to flourish (Mbulateiye et al. 2003) making access to alcohol easy for people of all ages, especially the young. People with alcohol problems can also access it easily (Namaara and Muhwezi, 2014). In their research, Cook et al. (2014) found that laws that regulate the physical availability of alcohol are associated with lower consumption in low-and middle-income countries: for example, policies aimed at regulating the availability of alcohol, opening and closing hours, licensing and enforcing the minimum drinking age were more consistent predictors of alcohol consumption. Cook et al. (2014) add that, whereas there was evidence that increasing price levels reduced the volume of alcohol consumed, alcohol advertising, especially for beer, was inversely associated with alcohol consumption. Interestingly, the Corporate Affairs Director of AB InBev in Uganda, Onapito Ekomoloit claimed that the unethical nature of the alcohol industry in Uganda is caused by unregulated sales of illicit and homemade brews, because it is affordable and can be easily accessed (Kasirye and Mutawe 2010). However, Bramner and Pavelin (2004) explain that the activities, whether negative or positive, that a company engages in directly impact on other companies that produce or deal in the same business. Therefore, the activities of the illicit and homemade brews have an impact on the two breweries in this study.

In summary, alcohol consumption and abuse have been cited as a cause of a number of illnesses, (including HIV and AIDS) and deaths, globally and in Uganda. Alcohol consumption in Uganda is high, and illicit and homemade brews are the most consumed. This research is interested in the role of alcohol companies in supporting HIV and AIDS programmes, and in order to provide a background to the study, the section below details the literature on the relationship between the two concepts.

## **2.8 Alcohol and HIV: a complex relationship.**

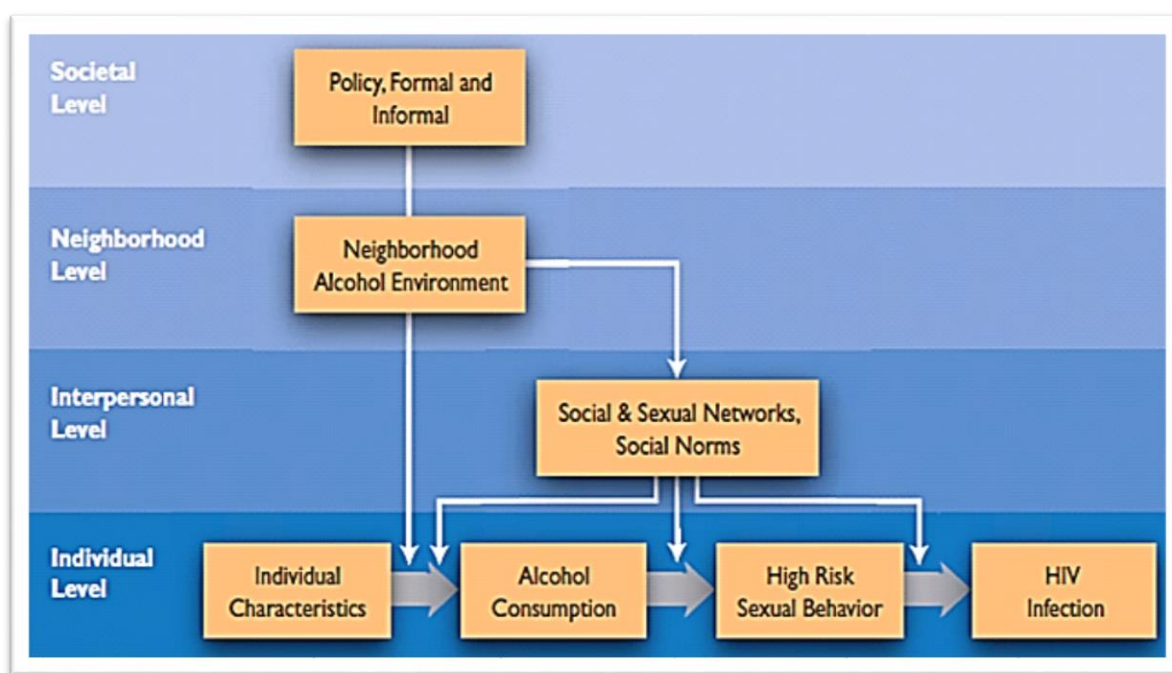
The debate on alcohol consumption and HIV infection is ongoing, with some research (Rehm 2009) indicating no direct link, while others (Mbulateiye et al. 2000; Kalichmann et al. 2010) show a significant relationship. The Global Status Report shows that alcohol use and misuse ranks high among the top risk factors for mortality and morbidity, and also contributes to a large burden of disease, as well as social and economic problems (Baliunas et al. 2010; WHO 2011; 2014). The WHO (2014) adds that alcohol consumption is the world's third largest risk factor for disease and disability. Nevertheless, research (Rehm 2009 and WHO 2011; 2014) shows that whereas there is evidence that diseases such as cancer, neuropsychiatric disorders, liver and pancreatic diseases, and toxic effects like foetal alcohol syndrome (FAS) are directly influenced by alcohol consumption, the link between HIV infection and alcohol consumption is indirect and contested. The WHO (2014) chart in Appendix I shows that HIV is only 1% attributable to alcohol, compared to diseases like liver cirrhosis, which is 50% attributable, and foetal alcohol syndrome which is 100% attributable. This indicates that there is almost no direct link between alcohol consumption and HIV. Various factors have been advanced to suggest causal links, including high-risk sexual behaviour, domestic violence, non-adherence to antiretroviral therapy and drug abuse, all facilitated by alcohol. The section below discusses these factors in detail.

### **2.8.1 The influence of alcohol consumption on high risk sexual behaviour**

Research (Kalichmann et al. 2007, Baliunas et al. 2010; USAID 2012) increasingly links alcohol to high-risk sexual behaviour (HRSB). This includes incorrect and inconsistent use of condoms (Shuper et al. 2009; Woolf and Maisto 2009), unprotected and unsafe sex after heavy drinking (Norris et al. 2009; Tumwesigye et al. 2012; Fairbairn et al. 2016), or consuming alcohol before and/ or during transactional sex work (Morojele et al. 2006). In Canada, a study by Fairbairn et al. (2016) found an association in individual cases in which hazardous drinking increased the number of sex partners and the acquisition of sexually transmitted diseases, although this study also adds that the risky sexual behaviour was known to co-occur among individuals with high-risk-taking personality characteristics.

Other researchers have written that alcohol can inhibit sound judgment and diminish the skills needed for effective self-protection (Morojele et al. 2006 and Kalichmann et al. 2007), and this contributes to the occurrence of inter-generational sex and multiple concurrent partnerships (Tumwesigye and Kasirye 2005). Additionally, alcohol abuse can contribute to health conditions such as liver disease that have an impact on the progression of HIV infection (McDonald et al. 2000). McDonald et al. (2000) found a relationship between excessive alcohol consumption and increased sexual arousal, and a negative impact on the ability to negotiate safe sex, especially for women. Likewise, Fairbairn et al. (2016), through their study on injecting drug users, found that drug users who engaged in hazardous alcohol use not only engaged in risky sexual behaviour but also dangerous sharing of used needles, which is a direct link to passing on the HIV virus. Justice et al. (2010) and Ahern et al. (2015) add that alcohol not only influences HIV at the individual level (sexual behaviour, hazardous alcohol use), but on the neighbourhood level (number of restaurants, pubs, availability of cheap alcohol), and the level of social policy (formal and informal policy, alcohol advertisements) as well (See Figure 11). All these factors indicate a causal relationship between reckless alcohol consumption and the risk of HIV infection.

**Figure 11: HIV risk and the alcohol environment: advancing an ecological epidemiology for HIV/AIDS.**



*Source: Scribner et al. (2010, p.181)*



However, contrasting studies found that there was no link between alcohol use and misuse and increased risk of HIV infection. Rehm (2009) argues that HIV can only be transmitted through body fluids, and so can only be acquired through unprotected sex, injecting drugs with a contaminated needle, and by mother to child transmission. Similarly, Shuper et al. (2009) argue that other variables, including psychiatric disorders, personality characteristics (sensation seeking and propensity to risk taking) and situational factors may contribute not only to heavy drinking but also to having unsafe sex, and thus increase the risk of HIV infection. Moreover, whereas alcohol-related biological factors, for example, a weakened state of physical health (Cook et al. 2001) increase the risk of infection (Justice et al. 2010) from unsafe sexual behaviour, there is no evidence that these factors alone can lead to contracting HIV. Regarding sexual behaviour, Allen et al. (2015) maintain that there is no clear relationship between alcohol and condom use, while Cooper (2002) questions the association between alcohol use and the decision to have sex, saying that the decision to have sexual intercourse is the root cause of unprotected sexual behaviour, and not the impact of alcohol. Woolf and Maisto (2009) argue that regardless of the measurement approach, a direct association between sexual behaviour and HIV may not exist, but rather a causal relationship, depending on factors such as environment or gender. Nevertheless, they agree with Pithey and Parry (2009): further event-focused research needs to be carried out, where a standardised amount of alcohol is used to determine the association between alcohol consumption and high-risk sexual activity.

### **2.8.2 Alcohol and gender-based violence (GBV)**

Researchers (Piot 1999; Mamam et al. 2000; Jewkes et al. 2003; Dunkle et al. 2004; Dara Lee et al. 2015) have increasingly cited gender-based violence and gender inequality as essential determinants of women's HIV risk, both worldwide and in Uganda. Studies by the WHO (2005) in Latin America and Caribbean show that women who are living with HIV are more likely to experience GBV, and men who use violence are more likely to engage in sexual risk-taking behaviour, and are more likely to be HIV-infected. Dunkle et al. (2004) explain that although experience of violence may lead to risky behaviour (or vice versa), and risky behaviour to HIV infection, other factors are involved, associated with intimate partner violence: for instance,

multiple sexual partners, engaging in transactional sex, and alcohol and substance abuse (Dunkle et al. 2004).

Alcohol and substance abuse is increasingly cited as a factor contributing to intimate partner violence (Kalichman et al. 2007; Dara Lee et al. 2015; Action Aid 2015) despite various studies (Piot 1999 and Dunkle et al. 2004) debating the link. Hutchison (2000) and CDC (2016) show that heavy alcohol and drug use are a constant in situations where intimate partner violence (physical and/ or sexual abuse) is reported. Various studies have found a link: for example, research by Gennari (2012) in indigenous communities of Latin America and the Caribbean revealed that in San Pablo, Nicaragua, both men and women consider intra-family violence as the main problem associated with alcohol. In Comarca Ngogbe-Bugle, Panama, wives report that husbands are physically violent towards them when they drink (Gennari 2012, p.7).

Similarly, research carried out in Uganda (Tumwesigye & Kasirye, 2005; Swahn et al. 2011) shows that alcohol contributes not only to family breakdown, poverty and crime, but also to domestic and sexual violence. A study conducted by Action Aid (AA 2015) showed that in Uganda, at least 70% of women over 15 years of age had experienced physical or sexual abuse, and in 2013, nearly 360 deaths were due to domestic violence. Additionally, Angir (2015) adds that out of 1,042 reported rape cases, only 365 suspects were arrested, and this has sometimes led to couples contracting HIV. Oduut (2017) evidences that in Kapchorwa district, domestic violence was increasing, at a time when UAC (2014) statistics show that HIV incidence in Uganda is also increasing. In his report, posted on August 25, 2017 in the PML Daily Online, Oduut quotes the local council chairman for Kapkwirok village, Sharif Chesang, saying:

*“Disagreements always arise as men take away family property to sell for drinking and in the process fights erupt” (Oduut 2017)*

Despite the evidence of a relationship between alcohol and domestic violence, there is a sizable amount of literature indicating the opposite. Jacobs (1998), for example, found no causal link between aggression and alcohol, but rather that it is used as an additional tool for male domination and as an excuse by perpetrators not to be held accountable for their actions.

According to MacAndrew and Edgerton (1969), a number of anthropological studies demonstrate that alcohol-related violence is a learned behaviour, not an inevitable result of alcohol consumption. They argue that alcohol as a drug may facilitate certain intoxicated states, but cannot produce specific response patterns in all those who consume it (Jacobs 1998). Unfortunately, Uganda has only one government-owned alcohol and drug rehabilitation centre, located in the National Referral Mental Hospital, in Butabika. The hospital, which was established in 1955, provides treatment and care to patients with alcohol and psychoactive substance abuse problems, and psycho-trauma (Butabika Hospital 2017).

### **2.8.3. The influence of alcohol consumption on adherence to antiretroviral therapy**

Chander et al. (2016) and Hendershot et al. (2009) found that heavy alcohol consumption was a hindrance to adherence to ART, and therefore not only affected the success of treatment guidelines (WHO 2014), but also contributed to AIDS progression and an increase in AIDS-related deaths. In their research on PLHIV in controlled centres in the USA, Justice et al. (2010) and Conigliaro et al. (2004) found that on days (as well as the day after) when PLHIV had consumed large amounts of alcohol (*binge drinkers 4.3% vs non-binge drinkers 1.8%*), adherence to medication was low. This created a crucial modifiable role in their health outcomes, especially those who were ageing with HIV. However, Justice et al. (2010) also associate this non-adherence to ART, and ART drug resistance, with mutations that occur as a result of viral proteins targeted by antiviral medications, causing PLHIV to become resistant to either a particular drug, or an entire class of antiretroviral therapy (Chander et al. 2016).

### **2.8.4 The economic cost of alcohol**

The detrimental effects of alcohol consumption can be evaluated in monetary terms, and because of this, health researchers and economists have attempted to estimate the costs of alcohol consumption to society. Social costs also have a negative economic impact. Table 5 below shows the average amount of alcohol (cheapest beer brand) consumed by alcohol drinkers in East Africa, as well as the minimum wage per month and per year. As evidenced, Uganda has a low average minimum wage per year, but also has the highest amount of alcohol consumed per week.

This indicates that money that could be used for education, healthcare, or even savings, is used to purchase alcohol. This leads to poor households and other social problems, such as domestic violence and risky sexual behaviour, being magnified as a result. The WHO (2004, p.65) indicates that apart from money spent on drink, heavy drinkers may suffer other economic problems, such as lower wages and lost employment opportunities, increased medical and legal expenses, and decreased eligibility for loans.

**Table 5: Average amount of money spent on alcohol in East Africa per year.**

Country	Price per beer	Average No. of beers per sitting	Average no. of beer per sitting per week	Amount used on alcohol per week	No of weeks	Average amount used on alcohol per year	Minimum wage per month	Minimum wage per year
<b>Burundi</b>	\$0.55	4	4	\$8.80	52	\$45	\$45	\$540
<b>Kenya</b>	\$1.19	4	4	\$19.04	52	\$99	\$115.06	\$1,380.71
<b>Rwanda</b>	\$0.58	4	4	\$9.28	52	\$48	\$70	\$840
<b>Tanzania</b>	\$1.05	5	5	\$26.25	52	\$1,36	\$82.50	\$990.00
<b>Uganda</b>	\$1.17	5	5	\$29.25	52	\$1,52	\$50	\$600

*Source: WHO (2010; 369)*

Conversely, in their research, IAS (2016) reason that a decline in spending on alcohol does not mean that money will not be spent elsewhere or on other services, and /or a fall in consumption does not automatically mean a fall in spending. However, the research does report that a drop in sales of alcohol can affect the GDP of the country, because although alcohol is a small industry, as mentioned earlier, it has significant impact on the national economy (IAS 2016).

## **2.9 Alcohol and HIV studies in Sub-Saharan Africa (SSA).**

Various studies in SSA have been carried out to determine the relationship between high-risk sexual behaviour and excessive alcohol consumption (Kalichman et al. 2007; Shuper et al. 2009; Woolf-King et al. 2013; Kalema et al. 2015). These studies emphasise the link between alcohol and HIV. Countries like Namibia, in partnership with UNICEF, have launched campaigns in relation to alcohol and HIV and AIDS: for example, the UNICEF ‘*Break the chain*’ in 2009-2011

(UNICEF, 2011, p.36). Figure 12 shows a poster used in this campaign. which clearly links alcohol to risky sex, and is a warning to drink responsibly.

**Figure 12: UNICEF (2013) Break the Chain poster emphasising the role of alcohol in promoting risky behaviour.**



Source: Alamy (2013)

Data from the research (UNICEF 2011, p.36) showed that alcohol and transactional sex were seen as interconnected, with many participants mentioning alcohol as the main factor contributing to sexual risk. Along with the ‘*I don’t care*’ attitude that is adopted after drinking heavily, there was a normative understanding that when a man bought a woman alcohol, it was reasonable for him to expect sex in return. Some of the respondents’ responses are shown below.

**Table 6: Participants’ responses on the role of alcohol as an influencer for transactional sex.**

<p>, “At the shebeen a man buys a ‘Cherrie’ a beer then we drink together and he later says to her ‘You got a lot from me, what I get from you? I must get something out of this’” (Female, 20-30, Rehoboth).</p> <p>“Ladies like that stuff. It is not difficult to get her. If you have money... it is not difficult to get that girl. It is very easy. More especially if you have a car. Girls will throw themselves on you” (Male, 20-30, Oshikuku).</p> <p>“Car and alcohol are the main risks that lead to an increase in multiple partnerships” (Male, 20-30, Oshikuku).</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Source: UNICEF (2011, p.36)

Woolf-King et al. (2013) found a high prevalence of HIV infection among people who reported heavy drinking. Interestingly, in Kenya, in the Kilifi area, a study (UNFPA 2013) determined that while sex workers were at risk of HIV/STIs and unplanned pregnancies because of abuse of alcohol and drugs, the peer educators hired to teach them safe sexual practices were also abusing alcohol. The study further shows that as well as drinking more than four beers a night, these educators were also drinking ‘*Mnazi*’, a local brew, increasing their risk, and reducing the effectiveness of the programme to teach sex workers to manage their lives safely.

## **2.10 Alcohol advertising and marketing by multinational breweries.**

According to Babor et al. (2017), companies need to regulate their alcohol marketing because it influences consumption, in some cases in vulnerable populations, particularly the young. Alcohol marketing is evolving, and on multiple platforms, including television, radio, social media sites and TV shows, product placement and celebrity endorsements are used to advertise brands. There is debate on whether marketing and advertising actually influences purchase. Babor et al. (2017) and Chapman (2017) found a positive correlation between alcohol advertising and youth drinking. Similarly, research carried out in Scotland by O’May et al. (2016) found that despite not specifically planning to buy alcohol, heavy-drinking consumers were persuaded by marketing and advertising, as well as by easy access to premises that sold alcohol.

Although laws and policies are set by national governments, codes of business practice are set by international organisations: for example, the International Organisation for Standardisation (ISO 19011), and the alcohol industry guidelines that govern alcohol marketing in most countries. Gayle (2014) evidences that, “*Studies into the impact of alcohol advertising around the world found that marketing practices often seemed to breach the industry’s own voluntary codes of practice, which in any case were not sufficient to protect children.*” It is not surprising therefore, that a focus has been placed on alcohol marketing, and according to Monteiro et al. (2017), three of the WHO strategies target alcohol-marketing, including:

- i) Setting regulatory or coregulatory frameworks, preferably with a legislative basis, and supported when appropriate by self-regulatory measures, for alcohol marketing, by:
  - *regulating the content and the volume of marketing*
  - *regulating direct or indirect marketing in certain or all media*

- *regulating sponsorship activities that promote alcoholic beverages*
  - *restricting or banning promotions in connection with activities targeting young people*
  - *regulating new forms of alcohol marketing techniques, for instance social media*
- ii) Development by public agencies or independent bodies of effective systems of surveillance of marketing of alcohol products.
- iii) Setting up effective administrative and deterrence systems for infringements on marketing restrictions.

Robaina et al. (2016) evidences that despite the above strategies, countries, and especially third world countries, have only partial bans as per the WHO recommendations, and therefore rely on the alcohol companies to self-regulate their marketing programmes and advertising. In 2011, the International Centre for Alcohol Policies (ICAP) published '*A Toolkit for Emerging Markets and the Developing World*', which promotes self-regulation by companies as an alternative to government regulation (Robaina et al. 2016). In their research in seven African countries, Robaina et al. (2016) found that while companies reported success in self-regulating their activities, NGOs, governments and scientists reported that the regulations did little to stop youth exposure to alcohol advertising.

While most parts of Europe and North America have reached saturation in alcohol consumption, Africa has a large untapped market, increasing income levels, unmonitored regulations on alcohol, and a growing youth population (Robaina et al. 2016). It is not surprising therefore, that beer production is growing, particularly under the leadership of MNCs like Diageo, AB InBev and Heineken (Babor et al. 2017). Alcohol advertising in Africa is very prevalent, with posters the most common form of outdoor marketing, while television accounts for 6.4%, radio for 14.5%, and printed advertisements for 14.5% (Robaina et al. 2016). WHO (2014) data indicates that in Africa, alcohol consumption is characterised by heavy episodic drinking, and is common among young adults, thereby posing an urgent public health concern. Morojele et al. (2006) indicate that, in Sub-Saharan Africa, compared to their non-consuming counterparts, adolescents who consume alcohol were more likely to engage in early coital debuts and/ or have multiple concurrent partners.

## **Chapter conclusion**

Overall, this chapter shows that despite some successes, there is still concern with regard to the increase in the prevalence rate of HIV in Uganda, in spite of the fact that the number of people who are accessing treatment has increased. In 2015, the SDGs were set to meet various global challenges, one of which is HIV and AIDS, particularly in SSA. Fast-track targets have been set, both globally and in Uganda, where they have been adopted as a national strategy to eliminate the HIV epidemic by 2020. HIV mainstreaming, as previously detailed, pushes for organisations, including those in the private sector, to incorporate biomedical treatment, social and human justice, behavioural change and HIV and AIDS treatment as a combination strategy, through which the HIV epidemic can be systematically reversed. The literature has shown that various challenges preventing access to treatment and prevention services exist, including poor health systems, a reduction in donor funding, and a variety of other socio-economic challenges.

The nature of the global and local alcohol industry was discussed, and Uganda identified as one of the countries with a high consumption rate compared to other East African countries. Literature shows that there is a strong debate on the link between HIV and alcohol, with researchers linking excessive alcohol consumption to domestic violence and non-adherence to ART treatment, and identifying it as a base for other forms of drug abuse. In spite of the fact that illicit brew causes more problems of excessive consumption, the multinational breweries are under constant scrutiny from government and other agencies to manage the impact that their activities have on society, a challenge that may be the motivating factor behind breweries engaging in HIV related CSR. The chapter below will explain the conceptual framework adopted from Ten Pierick et al. (2010), in order to understand the role of business with respect to societal development through their social responsibilities, how they respond to stakeholders and how this performance is analysed.



## **CHAPTER 3: THE CORPORATE SOCIAL PERFORMANCE FRAMEWORK**

### **Introduction:**

Mahon and Wartick (2012) explain that the increasing number of companies engaging in corporate social responsibility (CSR) has created a desire among scholars, organisations and practitioners of CSR to find a single measure or analysis tool for businesses' CSR activities. As a result, the concept of corporate social performance developed. Corporate Social Performance is defined as an organisation's observable outcomes of CSR activities as they relate to society (Clarkson 1995; Ten Pierick et al. 2004). According to Mahon and Wartick (2012) some scholars categorise corporate social performance as an outcome of activities related to CSR, while others classify it as a set of structural categories, which include the principles of social responsibility, the processes of social responsiveness, and the outcomes and impacts of the businesses' performance (Wood 1991). Although a single analysis tool for the performance of CSR activities has not been found, the Corporate Social Performance Framework (CSPF) has been adopted by various scholars (Waddock and Graves 1997; Ten Pierick et al. 2004) and modified by others (Clarkson, 1995; Hopkins 1997; Steg et al. 2003).

The objective of this section is to present a theoretically underpinned framework that will be used for analysing the social, environmental, and economic activities of the two breweries studied, along with the perceptions of the various stakeholders of these activities. The Ten Pierick et al. (2004) version of the CSPF has been adopted to aid understanding of how Diageo and AB InBev perceive their responsibility to society (CSR) and factors that influence them to engage in HIV related corporate social responsiveness. This framework acts as a lens to highlight participants' perceptions of the contribution of Diageo and AB InBev to HIV and AIDS mitigation in Uganda. Ten Pierick and his colleagues bring together concepts that have been advanced in Carroll's (1979; 1991) principles of CSR as well as Wood's (1991) model of corporate social performance.

For the purpose of this study, it is necessary to distinguish two notions of corporate social performance and CSPF. CSPF refers to the framework encompassing CSR, corporate social responsiveness and corporate social performance, while corporate social performance alludes to the outcomes of corporate social behaviour. It concerns the questions: *What does the firm actually*

*do? Where does all that lead?* It is also necessary to emphasise that the focus of this study and framework is to analyse and measure the performance of CSR activities and that is why it presents CSR, corporate social responsiveness and corporate social performance as the main three categories.

### **3.1 The evolution of Corporate Social Performance**

Despite being studied for decades, corporate social performance has no single definition. Some scholars use it as a synonym for CSR, corporate social responsiveness, or any other interaction between business and society (Ten Pierick et al. 2004). However, others (Carroll 1991; Wood 1991) show that these have unique meanings and constitute different stages in the understanding of the relationship between the environment and business. As shown in the timeline of CSR (Table 7), by 1970, it was generally accepted that companies had other purposes beyond generating profit for shareholders while obeying the law. According to Ten Pierick et al. (2004), in the mid-1970s, the concept of corporate social responsiveness was introduced, because it was considered a more tangible and achievable objective. Although the phrase corporate social performance was brought into use in 1978 (Preston 1978), it was not until 1979 that Carroll (1991) used it as a model. Carroll (1991) introduced the philosophy of responsiveness through a continuum, showing that companies react through processes of reaction, defence, accommodation and pro-action. In 1985, Wartick and Cochran (1985) advanced Carroll's concept to show that corporate social performance is a reflection of the primary interaction among the principles of social responsibility, the process of social responsiveness, and the policies developed to address social issues (Wartick and Cochran 1985).

### **3.2 The birth of the framework: Corporate Social Performance (CSPF)**

In 1991, Wood questioned Wartick and Cochran's (1985) theory by proposing a detailed framework for analysing the social, environmental and economic performance of a firm;

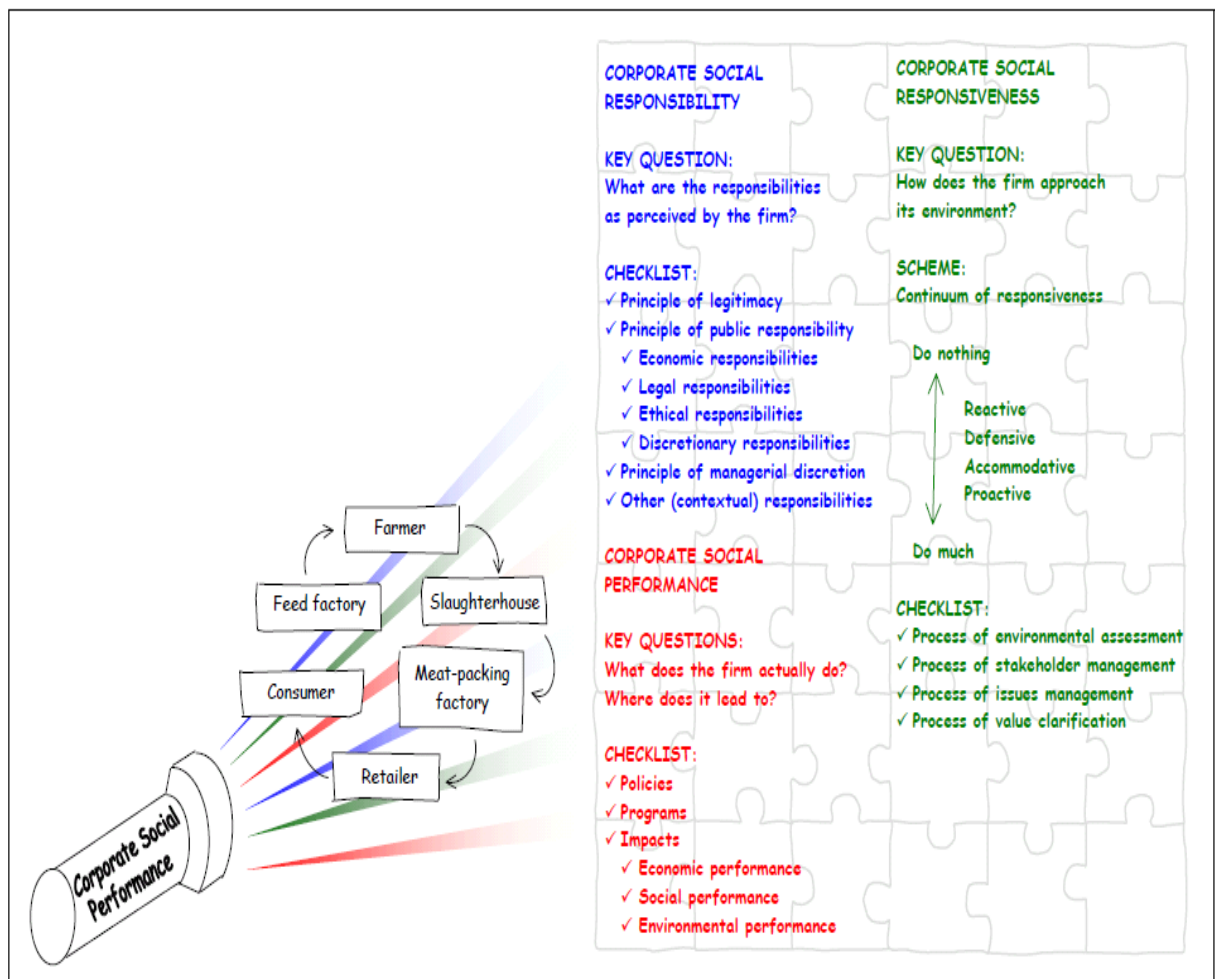
*“Corporate Social Performance is a business organization's configuration of principles of social responsibility, processes of social responsiveness, and policies, programs, and observable outcomes as they relate to the firm's societal relationships” (Wood 1991. p.693)*

Using this definition as a guide, Wood constructed a model which not only incorporates other stages in the evolution but also provides a coherent framework for the field of business and society. In summary, the framework integrates CSR, corporate social responsiveness and corporate social performance. Wartick and Cochran (1985) and Wood (1991) advise that despite the framework being composed of three different elements, they should all be used together to determine the performance of an organisation.

Beyond Wood's model, various scholars (Aupperle 1990 and Hopkins 1997) attempted to develop an analysis of measuring the various concepts, but these have been found to fall short because CSR is a notion that is understood differently by different people (Ten Pierick et al. 2004). Using Wood's (1991) model, in 2004, Ten Pierick and colleagues developed a framework as a tool to analyse the economic, social and environmental activities of companies. The objective of this framework is to analyse and obtain an integral picture of all activities influencing sustainability. The framework suited this study, because Ten Pierick et al. (2004) enriched Wood's (1991) model of CSP by including significant scientific studies in the field of corporate social performance and business ethics.

Figure 13 below shows the framework, which encompasses various aspects of Carroll's (1991) and Wood's (1991) work, adapted from research by Ten Pierick et al. (2004). Ten Pierick et al. (2004) used the CSPF for analysis in the agricultural field, specifically to assess the performance of CSR on pig farms in Germany.

**Figure 13: Framework for analysing the social, environmental, and economic activities of a firm**



Source: Ten Pierick et al. (2004 p.15)

Analysing the social, economic and environmental activities of a business or chain in the light of CSPF is depicted in the framework. The colours (*blue, green and red*) illuminated by CSP shine through the stakeholders (pig factory stakeholders: farmers, slaughterhouse, meat-packing factory, retailer, consumer, feed factory), and show that each perspective (colour) provides a different view of reality. However, when brought together, the perspectives represent a complete view of the contribution of the business. This ties into the interpretive phenomenology, which shows that participants interpret reality differently, depending on their environment or background (Creswell 2008). The nature of this study requires understanding of the perceptions of stakeholders of the contribution of alcohol companies; therefore this framework is ideal for integrating the perceptions of participants into the study. The jigsaw puzzle in the figure is a visual metaphor which indicates

that the elements of the framework need to be combined to get a thorough analysis of the performance of the firm.

### **3.3 The components of the Corporate Social Performance framework.**

Under this section, the three components of CSR, corporate social responsiveness and corporate social performance will be discussed in detail.

#### **3.3.1 Corporate Social Responsibility (blue category)**

CSR is the shared value that businesses have with the society in which they operate (Porter and Kramer 2006; Asongu 2007). Businesses cannot succeed in failing societies, and therefore need to support the environmental, economic and social development of these societies (Crane et al. 2008). Consequently, society has expectations of businesses and businesses have responsibilities to society. This section of the framework seeks to answer the question, ‘*What are these responsibilities as perceived by the firm?*’ The framework adopts two typologies from the literature to analyse the activities of companies, including Carroll’s (1979 and 1991) categories of *economic, legal, ethical* and *philanthropic* responsibilities, as well as Wood’s (1991) three principles of *managerial discretion, public responsibility* and *legitimacy*.

##### **3.3.1.1 The evolution of CSR**

CSR has continued to grow in significance and importance over the years. It is the subject of considerable debate, research and theory building (Carroll and Shabana 2010). Observers of this early debate indicate that it was simply about businesses returning some of their profits to society through philanthropic activities (Davis 1973; Bowen 1953). The concept of CSR was first documented in literature in the 1920s. However, at this time, the business-social relationship was not seen as a separate area for analysis (Blowfield and Murray 2008). Visser cites literature concerning tax admonitions on usury that were printed in Hindu texts (Vedic and Sultra) and in Buddhist texts (Jatakas) (2010, p.45). Nevertheless, the first significant academic definition of CSR was by Howard Bowen, “*The obligations of business are to pursue those policies, to make*

*those decisions or to follow those lines of action which are desirable in terms of the objectives and values of our society” (Bowen, 1953, p.14)*

Over a period, the power held by business leaders ushered in new expectations, and Davis (1973) advocated that business leaders’ social responsibilities should be made proportional to their social power. In the 1970s, Milton Friedman expressed the need for economic freedom, arguing that the cost of CSR was a burden on shareholders; and as seen in Table 7 below, the interest shifted from the acts of individuals to focus on companies as contributors to society (Friedman 1970). It was not until the 1980s that the role of companies’ quality management of employees’ health gained interest, and CSR codes like *responsible care* were introduced (Visser 2010). A debate was raised on the nature of the responsibilities in which to engage, and the stakeholders to whom the companies had obligations, to which Friedman (1970) responded that businesses need not concern themselves with social matters, only with making profit. During the last two decades, however, CSR has been rationalised and become part of wider organisational goals, including stakeholder management and reputation (Paul Lee 2008).

**Table 7: The history of Corporate Social Responsibility: a timeline.**

	1930	1940	1950	1960	1970	1980	1990	2000
<b>First Corporate Responsibility text</b>								
<b>New Deal and welfare states</b>								
<b>Nationalisation (Europe), state enterprise (former colonies, communist Bloc); post-war consensus (USA)</b>								
<b>Return of business and society debate</b>								
<b>Shift from responsibility of leaders to responsibility of businesses</b>								
<b>Debate about nature of responsibilities</b>								
<b>Introduction to stakeholder theory</b>								
<b>Corporate responsibility as management practice</b>								
<b>Environmental management</b>								
<b>Corporate social performance</b>								
<b>Stakeholder partnerships</b>								
<b>Business and poverty</b>								
<b>Sustainability</b>								

*Source: Blowfield & Murray (2008; 57)*

According to Paul Lee (2008), whereas the outward growth of CSR was obvious to many experts, as in the chart above, only a few noticed that its meanings were also changing. In the 21st century, the literature shows that a large number of scholars and authors are interested in CSR, despite its having existed for over five decades (Lark 2003). As shown in Table 7 above, the focus of CSR is moving more towards developing society, and away from focus on the individual (Blowfield and Murray 2008).

CSR has become increasingly important to businesses, both nationally and internationally. As globalisation accelerates, the benefits of engaging in CSR are increasingly recognised in the locations where these multinational corporations operate, hence the growth of interest in the

concept of CSR and firms' performance by academicians, company executives, researchers, consultants, and media reports, on both the positive and negative contributions of businesses to society (Crane et al, 2008). This interest has also led to the growth of criticism of how responsive companies should be, for example, how should CSR be carried out (Carroll 1991; 1997; Crane et al. 2008); who should carry it out (Farnham, 1995; Crane et al. 2008); which stakeholders' interests ought to be a priority (Blowfield and Frynas (2005); and what drives organisations to carry it out (Friedman 1970; Visser 2008; Mélé and Garriga 2008; Porter 2005 and Porter and Krammer 2006). Despite the vast amount of literature concerning CSR in general, little systematic research has been conducted on it in Uganda (Katamba and Slowinski 2008).

### ***3.3.1.2 The definitions of Corporate Social Responsibility***

As discussed above, various meanings have been attached to CSR. This subsection shows that definitions are formulated according to various authors or institutions' perceptions: for example, the position that companies hold in society and the perceived obligations they have towards their stakeholders (Woodward et al. 2001; Crane and Matten 2004). Various definitions and descriptions of CSR evidence that it has as many definitions as there are disagreements over the appropriate role of the private sector in society (Crane et al. 2013). The definitions in Tables 8-10 are alternative definitions from CSR literature, and they fall into two general schools of thought: those that argue that business is obligated only to maximise profits within the boundaries of the law and minimal ethical constraints (Friedman 1970), and those that suggest a broader range of obligations towards society (Carroll 1991; Crane et al. 2008; Matten and Moon 2004; Mullerat and Brennan 2011).



**Table 8: Scholars' definitions of Corporate Social Responsibility.**

Source	Definition
Watts and Holme (1999)	CSR is the continuing commitment by an organization to behave ethically and contribute to sustainable economic development while also improving the quality of life of its employees, their families, local community and society.
Bowen (1953)	The obligations of business to pursue those policies, to make those decisions or to follow those lines of action, which are desirable in terms of the objectives, and values of our society.
Eells and Walton (1961)	The problems that arise when corporate leaders cast their shadows on the social scene and the ethical principles that should govern the relationship between the corporation and society. However, the focus changed from the individual to the organisations and the responsibility that they have towards society.
Friedman (1962)	There is one and only one social responsibility of business - to use its resources and engage in activities designed to increase its profits so long as it stays within the rules of the game, which is to say, engages in open and free competition without deception or fraud.
Davis (1973)	CSR is the firm's response to issues over and above the economic, technical and legal expectations.
Kok et al. (2001)	CSR is the obligation of the firm to use its resources in ways to benefit society through committed participation as a member of society at large independent of direct gains of the company'
Carroll 1991; Crane et al. (2008); Matten and Moon, 2004	CSR as a concept that is voluntary and businesses engage in it to contribute to community and stakeholder development over and above what is legally expected of them.
Mullerat and Brennan (2011)	Believe that CSR is the voluntary commitment of businesses to respect and protect the interests of a wide range of stakeholders while contributing to a cleaner environment and interacting with them all.

Source: compiled by author

The two tables below show organisations' and companies' definitions. These definitions are relevant, both for the purposes of comparison, and to understand how meanings are formulated by the organisations who are practitioners or regulators of businesses' relationships with society.

**Table 9: Organisations' definitions of Corporate Social Responsibility.**

Organisations	Definition of CSR
European Commission (EC 2001)	CSR is the concept where companies voluntarily assimilate environmental and social concerns into their business operations and in their interaction with their stakeholders.
WBCSD (2000)	The commitment to CSR encompasses not only what companies do with their profits, but also how they make them. It goes beyond philanthropy and compliance and addresses how companies manage their economic, social, and environmental impacts, as well as their relationships in all key spheres of influence: the workplace, the marketplace, the supply chain, the community, and the public policy realm.
European Commission (EC 2011)	CSR is the responsibility of enterprises for their impacts on society. Companies should meet their CSR obligations fully, through maximisation of shared value for their shareholders and other stakeholders as well as identifying, preventing and mitigating possible adverse impacts.

*Source: compiled by author*

**Table 10: Companies' definitions of Corporate Social Responsibility.**

Company	Definition of CSR
MTN 2011	Our employees and our customers are part of the same communities. It is our social responsibility to find ways of uplifting those communities. We use our ICT expertise and resources to improve access to education and healthcare, to develop entrepreneurs and enterprise, and identify national priority areas for special attention.
UNILEVER 2016	CSR in Unilever encompasses a broad range of interactions with society. It means responsibly managing a multiplicity of relationships every day with employees, consumers, shareholders, suppliers, governments, local communities and many others in wider society. Our commitment to high standards of corporate behaviour is an integral part of our operating tradition. It is spelled out in our Code of Business Principles and is implicit in many of our business practices.
DIAGEO 2013	Earning the trust of all our stakeholders is central to our business strategy. At the heart of our success in driving consistent top line, growth and margin expansion are people all over the world. From the farmers who grow the grains we use in our brands, and our own employees, to the customers who sell our products and the consumers who love them, we benefit from the partnerships we create. We also benefit from working in stable, growing economies. That means having relationships of mutual respect with governments, non-governmental organisations and community members who help ensure that we and other multinationals can contribute in a meaningful way. (Paul Walsh 2013)
AB INBEV 2013	We strive to empower communities to become stronger and more sustainable. As a company, we are committed to driving growth and improving lives across our entire value chain—from our growers and retailers to our consumers and their communities.

*Source: compiled by author.*

An important attempt to bridge the gap between the expectations of businesses, stakeholders and society was presented in Carroll's (1979) definition of CSR. Carroll's definition has received a lot of attention and is used widely by business in social issues management.

### ***3.3.1.3 Carroll's four-part categories of CSR***

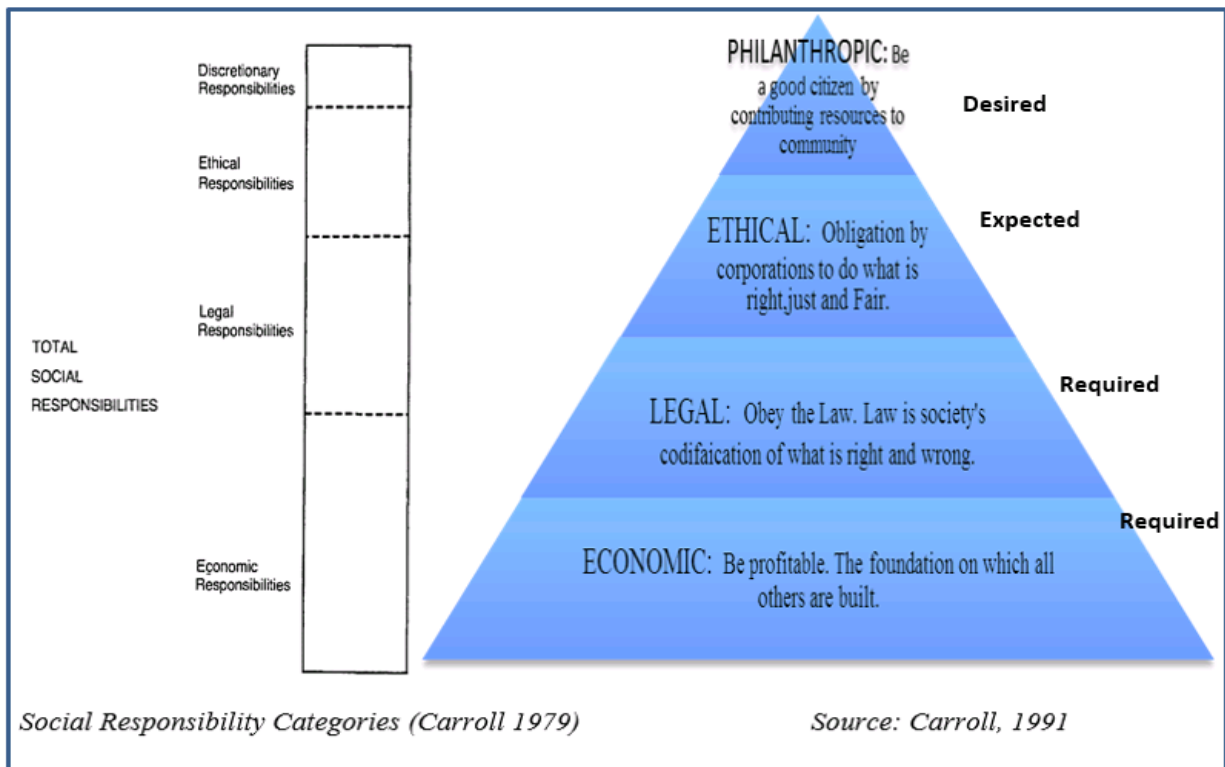
As noted in Tables 8-10 above, businesses globally have a responsibility to the society that goes over and above economic and legal requirements. In general, CSR encompasses any activity that an organisation engages in based on their perception of the social responsibilities that are expected of them (Bowen 1953). More recently, however, Carroll (1991) advanced a multi-dimensional definition of CSR he summarises as, *"The social responsibility of business encompasses the economic, legal, ethical, and discretionary expectations that society has of organizations at a given point in time"* Carroll (1991, p.40).

In his description of CSR in 1979, Carroll mentioned that the order and relative weighing of the pyramid was fundamental to its evolution:

*"What might be termed as their fundamental role in the evolution of importance whereby the history of business suggests an early emphasis on the economic and then legal aspects and a later concern for the ethical and discretionary aspects"* (Carroll, 1979, p.500).

In 1991 however, although he maintained that it contributed to the evolution of CSR, he acknowledged the importance philanthropy was gaining, and added that, "... beginning with the basic building-block notion that economic performance outweighs all these" (Carroll, 1991, p.42). This statement builds on Friedman's (1970) belief that the primary role of companies is to make profit for their shareholders. Nkiko (2010) indicates that regardless of the ordering, the levels of Carroll's (1991) pyramid enable companies to identify different types of obligations.

**Figure 14: Carroll's definition of corporate social responsibility**



*Economically*, corporations are expected to make profit for shareholders and contribute generously to societal development (Asongu 2007), and this is the foundation of the four concepts in the pyramid (Visser 2008). Nkiko (2010) adds that the economic domain focuses on stability, growth and efficiency, as the maximum benefits possible form a set of assets, without harming future benefits; Carroll (1991) shows that companies are required by society to be profitable. *Ethically*, corporations are expected to embrace practices like fairness and justice, and prohibit acts that are not right, even when they are not codified into law (Carroll 1991; Crane 2007). Businesses must abide by the laws and regulations set by state and government, as shown in the second tier of the pyramid. Interestingly, Visser notes that in Africa, legal responsibilities are given lower priority by businesses than in high-income countries (2008, p.42). According to Crane et al. (2010), this involves the social contract (Wan-Jan, 2006) of unwritten rules that companies must abide by. *Philanthropic* responsibilities, according to Crane (2007), require organisations to fulfil society's expectations through charitable works: to be good corporate citizens. According to Visser (2008, p.40), in Africa, philanthropy is a higher priority in the actual manifestation of CSR.

The pyramid has been evolving, and in 2004, Carroll included the concept of stakeholders; due to more interest, further research had been carried out, and this makes the pyramid relevant to current studies (Carroll 2009). Carroll also admitted that economic responsibilities are the most important, because the company has to make a profit before engaging in other responsibilities (Carroll 2009). Whereas Carroll's pyramid provides a useful framework for defining CSR, its applicability across different companies and cultures has been widely questioned. Wan-Jan (2006), for example, states that the pyramid is an indicator that corporations have to follow a particular order, and yet that is not what happens in practice; while Visser (2008) questions the applicability of the pyramid in low income countries like South Africa and Uganda, where priorities are different from those in the developed world. Nevertheless, Knox and Maklan (2004) explains that the order of the pyramid need not be sequentially achieved as long as businesses meet all the elements, and according to Crane and Matten (2004), it serves to remind scholars that the motives or actions of companies can be categorised under one or other of these four categories.

#### **3.3.14 Wood's principles of CSR**

Wood (1991) defined a set of principles of CSR to complement Carroll's categories of responsibility, as described here. She argues that Carroll's (1991) four elements may be classified under the principles that she presents: for example, the principle of public responsibility. Nevertheless, she advances expectations of businesses under three major principles: the principle of *legitimacy*, the principle of *public responsibility*, and the principle of *managerial discretion*. The *principle of legitimacy* indicates that society gives businesses a charter to exist, and therefore business must give back to society. According to Ten Pierick et al. (2004), this is line with Carroll's (1991) categories of legal and ethical responsibility, where companies have to obey the laws of the society in which they operate. Wood (1991) explains that all businesses, regardless of size or location, must observe this principle. The second principle is that of the *public responsibility* of individual organisations and it emphasises that, "*businesses are not responsible for solving all social problems. They are, however, responsible for solving problems that they have caused as a result of their activities or products*" (Ten Pierick et al. 2004, p. 29). According to this view, businesses are considered responsible when they adhere to standards of performance

in law and existing policies (Post et al. 2002). The development of this approach was in line with the relationship between businesses and government, and it focuses on corporate strategies, including lobbying, corporate public affairs, and the role of public interest and how this influences government regulations and implementations (Post et al. 2002). Garriga and Mele (2004) report that it is not only laws and regulations, but also factors such as public opinion, legal requirements and emerging issues that influence the nature of the CSR activities that companies choose to engage in. Knai et al. (2015) add that public responsibility also includes voluntary pledges made by the industry to government and other organisations: for example, the Public Health Responsibility Deal (RD) in the UK is a public–private partnership involving voluntary pledges between the alcohol industry, the government and other organisations, with the aim of improving public health. Moreover, Post et al. (2002), and Mele and Garriga (2004) argue that in situations where the government has not set clear policies and/ or where the laws and policies are still in transition, companies have a mandate to intervene. This can be illustrated through various initiatives that have originated through company efforts to be responsible; recently Diageo’s global brand, Guinness, was the first brand of alcohol to give consumers an insight into what they are drinking, as explained below,

*“Guinness is the first global beer brand to provide consumers with this information, in a major expansion by Diageo of the hugely successful consumer-led initiative rolled out in Ireland last year on Smithwicks(Irish Ale). This expansion is part of Diageo's commitment to their consumers to provide them with information that will empower them to make informed choices on what they drink. Labels on all 500ml cans of Guinness will include warnings on drink-driving and consuming alcohol during pregnancy” (Diageo 2017 p.2,)*

However, Campbell et al. (2012) note that in Kenya, Diageo, under its subsidiary East African Breweries Limited, was in 2012 challenging the decision by the Kenyan government to enforce, through the country’s high court, warnings of the potential harm of alcohol that would cover 30% of the surface area of alcoholic product containers. This confirms the assertion by Adelekan et al. (1992) that MNCs may follow different policies in different markets.

The third *principle* is that of *managerial discretion*, which indicates that companies have the right and resources to choose the activities they engage in (Wood 1991). Ten Pierick et al. (2004) add that this principle shows that company managers have a moral obligation to understand and

exercise choice in selecting the company's social responsibility activities. This choice; whether or not to engage in CSR, and this mandate, is controlled by managers. Nevertheless, Wood (1991) explains that the CSR principles have limitations, because the obligations and legitimate functions advanced are not universal and time bound. Consequently, this may limit some companies, and especially MNCs that have different responsibilities in different countries at a given time (Ten Pierick et al. 2004). Secondly, Wood's principles are also limiting, because they are only relevant to some stakeholders (for example, managers) and not others, and this may lead to conflicting expectations of the firm. The researcher agrees with scholars Kaptein and Tempe (1998) who argue that Wood's (1991) principles of CSR are a mere summary of Carroll's (1991) four categories. On the back of these limitations, Wood (1991, p. 700) emphasises that these principles should be used as analytical forms/ opinion polls to be filled by content from various perceptions within an organisational context, rather than as absolute standards.

This first part of the framework addresses the responsibilities and obligations of the firm. Ten Pierick et al. (2004) asserts that these go beyond economic and legal requirements (Friedman 1970), to focus on inherently valuable principles guiding corporate behaviour. Therefore it is important to link both Wood's (1991) and Carroll's (1991) categories to get a coherent analysis of the responsibilities of companies. Consequently, CSR shares emphasis with ethics studies, which according to Ten Pierick et al. (2004) require companies to put themselves under moral law and to act under this law.

### **3.3.2 Corporate Social Responsiveness (green category).**

This section focuses on the second category in the CSPF framework, which seeks to answer the question, 'how does the firm approach its environment?' According to Ten Pierick et al. (2004, p. 42), whereas CSR emphasises the expectations of a firm, corporate social responsiveness represents the measureable element of corporate social responsibility, because it is more action-oriented. Carroll (1991) refers to corporate social responsiveness as the interest and/ or capacity of businesses to respond to the pressures of society. According to Ten Pierick et al. (2004), the capacity of an organisation to respond to these pressures may not be easily determined, and therefore the response of the organisation is what can actually be observed and measured. In 1979, Carroll advanced a continuum of responsiveness, ranging from '*doing nothing*' to '*doing*

*much*'. Carroll's (1979) continuum is listed in the framework under corporate social responsiveness, and as shown in the figure above, it has four levels, including *reaction* (fight all the way), *defence* (do what is right), *accommodation* (be progressive) and *proaction* (lead the industry).

### ***3.3.2.1 The concept of corporate social responsiveness***

The responsiveness of the firm is summarised under three main categories, including (i) assessing and monitoring the environmental conditions (environmental assessment), (ii) identifying and addressing the varied stakeholder demands placed on the organisation (stakeholder management) and (iii) designs plans and policies to respond to the changing conditions in society that may lead to a negative reputation (issues management) (Wood 1991 and Ten Pierick et al. 2004). Moreover, according to Ten Pierick et al. (2004), corporate social responsiveness provides analysis of the capacity of the firm to respond to societal issues and those of stakeholders. On the other hand, it can be adopted as a process that emphasises factors that stimulate change and improvement. Corporate social responsiveness is therefore relevant to this study, particularly in analysing the data to answer Objective 2, which seeks to understand the motivation for companies to engage in HIV-related CSR activities.

#### ***i. Environmental assessment***

Wood (1991) suggests that before companies respond to issues that affect society, they must first scrutinise and understand their environment. She indicated that it is expected that companies will assess the socio-cultural, technological, economic and political development in their environments. This assessment is applied on a meso and macro level (Wood 1991). After identifying the most important developments, the information collected is then used to formulate strategies that enable the organisation to either adapt to the environment, or change it (Ten Pierick et al. 2004). Environmental assessment is the basis of the other two domains, as these also involve scrutinising the environment.

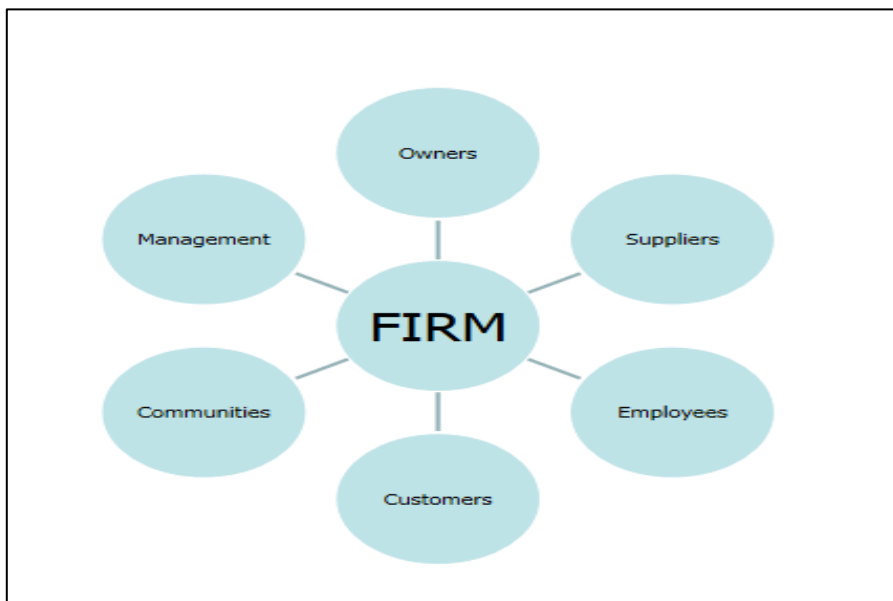


## ii. *Stakeholder management (SM)*

Brower and Mahajan (2013) explain that SM was first brought to light in management literature in 1960, but it was not until 1979 that it was formalised (Freeman 1979). Freeman et al. (2010, p.9) define stakeholders as, “*Any group or individual who can affect or is affected by the achievement of the firm's objectives.*” The benefits of identifying and engaging stakeholders are far reaching for organisations. SM allows researchers to understand which stakeholders the company is responsible for (Freeman 1979 and Key 1999), and/ or which stakeholders have legitimate interests in the performance of the corporation (Nkiko and Katamba 2010); additionally, ‘*which group of stakeholders deserve or require management attention over others*’ (Mitchell et al. 1997, p.855). Park et al. (2014) add that SM enables companies to understand the dimensionality of CSR value, and provides a useful direction in the evaluation of corporate social responsiveness as well as offering a new way to organise thinking about organisational responsibilities.

Wood (1991) stresses that the process of stakeholder management involves three major steps: ‘*identifying individuals, organisations and groups that are classified as stakeholders*’, ‘*determining the relative importance and the interests of those stakeholders*’ and finally, the company ‘*developing strategies to deal with the interests of each stakeholder*’. The first step, of *identification of stakeholders*, is an important stage. Freeman’s (1987) stakeholder map, below, is a universally adopted classification to *identify* organisations, groups or individuals that are classified as stakeholders.

**Figure 15: Freeman's map of stakeholders of an organisation.**



*Source: Freeman (1984, p. 46)*

Despite it being adopted by a number of scholars, as well as companies, to engage and manage their CSR activities, Freeman's stakeholder classification has received a lot of criticism. Chandler (2015) suggests that in order for firms to identify and understand the needs and interests of stakeholders, they should classify them into three groups (*organisational, economic and societal*) in order to identify their needs and interests. Key (1999) argues that whereas Freeman's map identifies the stakeholders of a company, it ignores the linkage between these actors, both internal and external; and the stakeholders may belong to more than one group.

Key (1999) and Gangone and Ganesu (2014) explain that organisations need to adopt a more comprehensive model, because they have permeable boundaries and are therefore expected to manage an extended web of stakeholder interests. These include traditional stakeholders (Freeman's map) as well as silent stakeholders such as local communities, competitors and the environment, as presented below:

The diagram illustrates a network structure with two central nodes, FIRM 1 and FIRM 2, and 25 peripheral nodes labeled S1 through S25. FIRM 1 is connected to S1, S2, S3, S6, S7, S8, and S9. FIRM 2 is connected to S4, S11, S13, S14, S16, S17, S18, S19, S20, S21, S22, S23, and S25. The peripheral nodes are further interconnected, forming a complex network structure.

Nevertheless, to defend his stakeholder positioning theory, in 2004 Freeman built on his research by indicating that, as with CSR, there is no agreement as to what stakeholder engagement theory stands for, and which stakeholders should be prioritised (Freeman 2004). However, Vos (2003) and Brower and Mahajan (2013) advise that when responding through CSR activities or strategies, companies need to prioritise the stakeholders who may have a major impact on the company.

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power) and/ or normative power (social status in society and prestige) (Mitchell et al. 1997). Banerjee (2008) insists that prioritised stakeholders ought to be those who contribute to the financial or competitive position of the company.

The third stage involves the company developing strategies to deal with the interests of each stakeholder. Clement (2005) explains that companies survive and make profits by satisfying different stakeholder groups. Hopkins (1997) suggests that the SM approach enables organisations to evaluate CSR by identifying stakeholders, and by analysing its responsibility toward stakeholder groups. SM is an evolving and flexible model that allows scholars to understand the responsibility of a corporation (Carroll 1991; Clarkson 1995; Cho and Kim 2012; Park and Gauri 2015). The issues of all stakeholders cannot be met by the organisation, and therefore Donald and Preston (1995) advise prioritising them. According to Vertigans (2013), when companies engage stakeholders, they are able to adapt their CSR activities to local needs and demands, and therefore become relevant. Gagnone and Ganescu (2014) add that the survival and success of an organisation depends on its ability to generate satisfaction for all its stakeholders. In short, SM is relevant because it enables the firm to develop strategies to deal with stakeholder expectations, in order to minimise surprises due to neglect of their responsibilities.

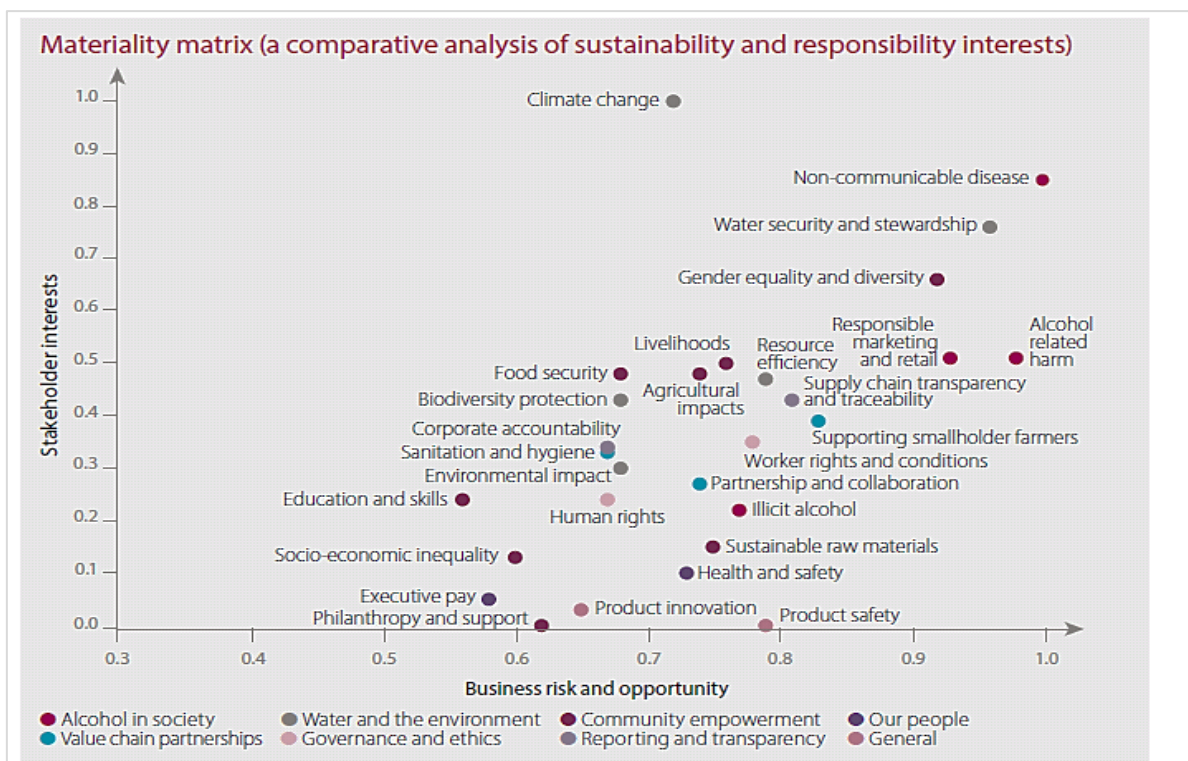
### *iii. Issues management*

The third process under corporate social responsiveness, as mentioned by Wood (1991), concerns issues management. Dougall (2008) and Garriga and Mele (2004) define it as an anticipatory strategic management process that helps organisations to detect and respond appropriately to changes that emerge in the socio-economic environment, that may affect the reputation and successful operation of the business. Cho and Kim (2012) add that issues management is a proactive and systematic approach to predict problems, anticipate threats, minimise surprises, resolve issues and prevent crises. On the other hand, Heath (2002) and Boutilier (2012) define issues management as a science, that involves the corporate process of assessing, building, analysing and managing relationships with stakeholders. From the three definitions above, it is deciphered that issues management involves companies scrutinising the environment to identify

matters that currently affect the company, as well as anticipating issues that may pose a threat to the company in the future.

Consequently, companies are required to pre-empt the ‘reaction’ of stakeholders towards their activities in society, in order to manage their expectations (Wood 1991). The two breweries considered for this study manufacture, market and sell alcohol. Alcohol draws scrutiny from various agencies, activist groups and other stakeholders (Justice et al. 2010) because of its social-economic effects worldwide (Kalichman et al. 2007), and therefore breweries/alcohol producers need to engage in CSR activities to manage both negative and positive reactions. According to Grougiou et al. (2015), an organisation may be ‘stigmatised’ by certain social audiences because of their activities and operations, which may be seen as affecting the community. Hudson (2008) and Heal (2008) evidence that this includes companies with a high propensity for environmental damage (for instance, mining industries), those whose products are addictive in nature and have a devastating social impact on families and communities (for example, alcohol and tobacco industries) and pharmaceutical companies, due to drug access policies. Moreover, these industries also face restrictive legislation, and in some cases adverse activism (Grougiou et al. 2015). An example is shown in Figure 17 below, which shows Diageo’s matrix mix. It demonstrates issues identified in society (opportunities and risks to the business) and the level of stakeholder expectation of companies. The matrix is then used to select those issues that will be supported through CSR. The increasing demand for accountability from firms also extends to activities within their supply chain (Mamic 2005). This extension of responsibility, in itself, is questionable: is the supply chain of a firm intrinsically part of the firm? This question is answered in the following sections, as well as in the findings of the study.

**Figure 17: Issues influencing stakeholders' interests and the extent of benefit to a brewery (Diageo).**



Source: Diageo (2016)

The matrix above indicates the interests of Diageo stakeholders plotted against the issues (risks and opportunities) that the company derives from engaging in them. This indicates that issue-focused SM also allows companies to identify, manage and measure those issues that can increase visibility and competitive advantage for the company. Alcohol-related harm, for example, despite ranking only 0.5 on the stakeholder interest axis, ranks highly on the business risk and opportunity axis, and therefore this may explain the high focus of the brewery on investment in CSR activities to prevent this harm. This is indicated by the fact that in 2016 the, brewery implemented 365 drink driving programmes around the world (Diageo 2016).

However, Cho and Kim (2012) argue that every organisation is susceptible to an emergence of negative issues against it by various parties such as activist groups, environmental groups, governments and/ or government leaders, or other stakeholders, including the media. Ten Pierick et al. (2004) and Davenport and Leitch (2016) explain that by managing issues, companies are

able to minimise surprises that arise out of turbulent business environments. This is in line with Mahon and Wartick's (2012) assertion that by predicting stakeholder reactions, companies are able to apply a prompt, systematic and interactive response to environmental change. These responses can be applied at the macro level (*which consists of 'global forces', economic developments, demographics, politics, technological developments and social developments*) and the meso-level (*consists of 'market forces', suppliers, supply and demand, distribution, competitors and strategic alliances*) of the environment, in order to meet the needs of society, focusing on issues that may be sensitive to public opinion. The annual report of AB InBev (2016) shows that the company selects activities of CSR that are in line with Sustainable Development Goals (SDG) targets, and these include managing the company's carbon footprint on the environment, poverty eradication, and reversing the HIV epidemic.

Three major limitations have been established with regard to Wood's (1991) corporate social responsiveness category and its ability to assess the performance of a firm. Firstly, the stakeholder management requires firms to identify and manage stakeholders' interests, without detailing how the needs of future generations will be met. Secondly, the domains are theoretically interwoven, because the issues also involve stakeholders, and vice versa. Therefore, according to Ten Pierick et al. (2004), it would be challenging to distinguish and analyse the social, economic and environmental performance of the firm. Thirdly, environment assessment requires information gathering, and is not a response mechanism as per the definition of corporate social responsiveness. Nevertheless, despite the overlapping of these domains, Wood (1991) insists that they provide valuable insights.

A pragmatist approach was used to further build on Wood's (1991) corporate social responsiveness category, and in 1999 Swanson added the concept of value clarification. Ten Pierick et al. (2010) add that this concept arose out of an attempt to search for techniques to facilitate social processes. Value clarification uses emotions, concerns, worries, hopes, aspirations, and the like as indicators of values to be clarified in processes of reflection (Swanson 1999). Ten Pierick et al. (2004) have adopted this element as a fourth process under the corporate social responsiveness category (see framework). Up to this point, the two categories (CSR and corporate social responsiveness) of Ten Pierick et al.'s (2004) framework have been discussed.

Whereas CSR describes the responsibilities and/ or obligations of the firm, corporate social responsiveness shows how the companies approach challenges in their environment. The section below discusses the final category of the CSPF.

### **3.3.3 Corporate social performance (red category)**

This third part of the CSPF fits with a consequentialist ethical perspective, which according to Ten Pierick et al. (2004), evaluates the moral value of choices and behaviour in view of their consequences. Ten Pierick et al. (2004) defines corporate social performance as the organization's observable outcomes as they relate to society, whereas to Clarkson (1995) it is the impact that business' activities have on society. Wood (1991) reasons that of the three CSPF approaches, only corporate social performance is observable and measurable. Lantos (2001, p.2) asks, "*How can we measure social performance and thereby know when companies have fulfilled their societal obligations?*" Whereas various analytical frameworks have been advanced to determine the outcomes of companies' CSR activities, Ten Pierick et al. (2004) adopt two scholars' categorisations, including Wood's (1991) policies, programs, impacts, and Steg et al's. (2003) social, economic and environmental impacts.

#### **3.3.3.1 Wood's model of corporate social performance**

Wood (1991) introduces a framework which divides the outcomes into first, *policies* that are developed by the firm to guide decision making, in order to manage social issues and stakeholder interests. The policies target specific issues that affect the firm, and highlight the company's decision to manage the challenge faced (Wood 1991). According to Ten Pierick et al. (2004, p. 58) "*policies are the statements on the way in which the firm has decided to deal with a situation concerning the firm in general, or a particular issue*". Second, *programs*, including responsibility and responsiveness, that are implemented in order to meet needs of stakeholders, and to invest in those activities that the company perceives as socially desirable. Programs are the measures that the firm takes to deal with a specific issue and/ or the efforts that the companies engage in to realise their set objectives. According to Nkiko (2010), the programs that companies engage in can be classified as either long term: for example, treating employees who are ill; or short term, supplying water-purifying equipment to villages. Lastly, the *impact*, which involves



results and outcomes for the CSR activities of the company; and these encompass economic, social and environmental outcomes. According to Ten Pierick et al. (2004), whether intended or unintended, positive or negative, the impact specifies the effects of businesses or their products on society. The authors also argue that the impact of a firm may be both positive and negative. Wood (1991) recommends that in order to arrive at a full understanding of the performance of the CSR activities of a firm, it is important to evaluate the aspects in relation to each other.

### ***3.3.3.2 Steg et al's (2003) model of corporate social performance.***

On the other hand, Steg et al. (2003) divided the impacts into the *social, environmental and economic performances of the firm*. According to Ten Pierick et al. (2003), Steg et al.'s (2003) model is ideal because it is theory driven and facilitates comparisons between the activities of businesses and those of their supply chains. This also makes it ideal for this study, which looks at the activities of two breweries (Diageo and AB InBev). The social aspect, as defined by Steg et al. (2003), focuses on stakeholders and the relationship that companies have with them. They list five major categories of stakeholder: employees, customers, the community, suppliers and competitors. In order to achieve maximum returns from activities with stakeholders, companies are expected to keep an open dialogue, keep promises made, and show commitment to standards of fairness (Ten Pierick et al. 2004, p. 61). According to Steg et al. (2003), whereas these strategies (caring for the needs of stakeholders): to listen and solve stakeholders' interests, appear to be short term activities, if they are not carried out, they may affect the long term impact of the firm on society. Under the social aspect, Steg et al. (2003) suggest that a firm must seek stakeholders' commitment to principles of sustainable partnership, in order to ensure cooperative relationships between itself and all its stakeholders.

The economic aspect of Steg et al.'s. (2003) model ties into Friedman's (1985) concept that companies exist to make profit for their shareholders. Steg et al.'s (2003) environmental aspect focuses on how the activities of companies affect the environment. The environment is defined as the stock of 'environmental assets' that include water, flora, soil, and fauna (Steg et al. 2003, p. 61). Steg, and colleagues in this category, push for companies to be sustainable, by assessing the impact that their activities and products have on the environment. Steg et al. (2003) add that

both activities and products should be assessed for current and future impact. This is related to Wood's (1991) CSR category of environmental assessment, which recommends that companies need to scan the environment, taking into account, the firm's activities, as well as those of stakeholders along its supply chains. Ten Pierick et al. (2004) argue that if a company is taking into account its activities and the impact they have on society, they must ensure that their suppliers, employees and other stakeholders are doing the same. An illustration of this is the Nike controversy, which revealed Indonesians working for a Nike subcontractor for 14 Indonesian cents an hour (£0.77). The payment was below Indonesia's minimum wage, and there were other abuses including short breaks, and lack of food provision (Ballinger 1992).

Despite adopting only Wood (1991) and Steg et al.'s. (2003) categories to analyse a firm's performance, Ten Pierick et al. (2004) describes various attempts by scholars to develop tools to analyse company performance. First, the Global Reporting Initiative (GRI) sustainability reporting guidelines (GRI 2017), integrated into business reporting since 1999, are a more recent development that combines analysis of financial and non-financial performance. GRI is an independent organisation that helps businesses and governments to understand and communicate the impact of business on critical sustainability issues such as climate change, human rights, corruption, and many others. Yao et al. (2011) assert that over the last few decades, firms have been under pressure to disclose their CSR information, because the world economy is becoming more integrated. GRI (2002) stresses that businesses are under pressure to meet the social, economic and environmental needs of society. Economic expectations include stakeholder management and society needs, met by paying shareholder dividends, fair wages to employees, and legitimate taxes (GRI 2002). Socially, GRI (2002) stresses the need for business to ensure equity between present and future generations. It adds that income disparities and worker exploitation can be reduced, both locally and globally, if businesses work together. On the environmental front, companies are expected to minimise exploitation of natural resources and excessive generation of toxins and waste (GRI 2002).

However, Katamba et al. (2014) explain that the disadvantage of the GRI and other guidelines, such as the International Organisation for Standardization (ISO 19011: 2011), is that they are meant for universal application, and are therefore not specific to conditions that may exist in individual firms: for example, alcohol companies. The GRI is not suited as a measuring tool for corporate social performance, but because it a guideline adopted by a number of multinational

companies, it plays a significant role in influencing companies to engage in CSR (Nkiko 2010, p. 76). Apart from engaging the beneficiaries who access services first hand, it was found that CSR disclosure is the most common way by which stakeholders are made aware of companies' activities (Yao et al. 2011). Yao and colleagues (2011) add that disclosure is positively associated with the size of the firm, media exposure, share ownership concentration, and institutional shareholding. The most common reporting style (*also adopted for this study*) is the company annual report (Visser 2008). Although according to Mitchell et al. (1997) this is changing, and many companies choose to use stand-alone CSR reports and other codes, for example the GRI. According to Mutch and Aitken (2009), in high income countries, this trend can be observed, for example among leading companies in Central and Eastern Europe, as they publish anti-corruption policies, annual financial environmental performance reports, and social performance reports.

Lastly, the Stakeholder Satisfaction index (SSI), which involves engaging various stakeholders to determine whether they are satisfied with companies' activities. This is similar to Wood (1991, p.16) "... *impact which involves results and outcomes for the CSR activities of the company, and these encompass economic, social and environmental outcomes*". Clarkson (1995) provides an inventory of representative stakeholder issues under this model, and although this has been accepted and used by various scholars to measure the corporate social performance of a firm, it does not show how the performance has been scored. It is imperative therefore to study SM theory further, to understand how issues (and how companies manage them) can be used to understand the role of companies in societal development.

#### ***3.3.3.3 Alternative analysis and measurement approaches for the performance of a firm***

As shown above, various scholars have attempted to design tools to measure and analyse the performance of companies and their contribution to social, economic and environmental development. Despite this, there is no universally acceptable indicator for measuring or analysing corporate social performance from micro to macro level (Wood 1991; Ten Pierick et al. 2004). Visser (2008) explains that this is due to the complexity of CSR/corporate social responsiveness and corporate social performance terminology. On the other hand, Nkiko (2010) agrees with Steg

et al.'s (2003) conclusion that the lack of a single measurement approach for the concept of CSR is because of the plurality of purpose in characterising and measuring corporate social performance data and methods of measurement. Consequently, different researchers, governments and organisations use a number of approaches to analyse CSR activities and their contribution to social, economic and environmental development. According to Hamann (2007), this led the United Nations Global Compact (UN 2007) to argue that through responsible business practices, businesses are making a unique and significant contribution in implementing the MDGs. Other organisations, for example, the World Business Council for Sustainable Development (WBCSD) (2005) recommend that companies join with government and other agencies to overcome global societal issues, in order to avoid undermining the pillars of business success, since “*business is good for development and development is good for business*”; in order to contribute to improving the issues that affect society. Consequently, many businesses adopted the MDGs that have now been developed from the SDGs (Nkiko 2010). The SDGs are time bound, and have quantified targets to address developing countries' extreme problems, such as poverty, hunger and disease. They are divided into 17 goals and 169 indicators, used to measure the progress of the activities engaged in (UNDG 2016).

Therefore, following the UN argument cited in Hamann (2007), this research presents the SDGs as a mechanism for the analysis of businesses' contribution towards mitigating HIV and AIDS. The SDGs and targets that are relevant to this study are detailed under the corporate social performance category in Ten Pierick et al.'s (2004) framework. Businesses work with stakeholders to incorporate CSR practices to overcome societal issues. As discussed further in Chapter 6, both Diageo and AB InBev acknowledge aligning their activities to those of the SDGs, particularly those that target alcohol in relation to society, health, poverty, and access to safe drinking water. This research is particularly focused on SDG3, which has been discussed in Section 2.4.4.1/ Appendix E,

*Goal 3. Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*

*Goal 3. Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*

Using SDGs to analyse the effect and the contribution of a company's activities is not a new concept. The table below shows a number of examples of business indicators and tools that companies, researchers and organisations have used in order to analyse their activities through the SDGs.

#### **Examples of key business indicators**

Access to Medicine Index, C.III.1: Portion of financial R&D investments dedicated to Index Diseases out of the company's total R&D expenditures

CEO Water Mandate's Corporate Water Disclosure Guidelines: Percentage of facilities adhering to relevant water quality standard(s)

GRI G4 Sustainability Reporting Guidelines, G4-LA6: Type of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities, by region and by gender

Oxfam Poverty Footprint, PF - 14.4 (B): Where the Company has set up health services for workers, does it make the service available to the family and community members? If yes, how many people have benefited from this service?

#### **Examples of key business tools**

Social Hotspots Database/Portal (SHDB)

UN Global Compact-Oxfam Poverty Footprint Tool

Corporate Human Rights Benchmark (CHRB)

*Source:* [www.sdgcompass.org](http://www.sdgcompass.org)

The SDG goals and targets are adopted as an analysis matrix for corporate social performance of the two breweries' CSR activities, because firstly, they address how the challenges of development affect individuals, society and Uganda at large: challenges that include poverty and hunger; gender inequality and health; alcohol and substance abuse and the eradication of HIV; and human beings' social equity. Moreover, they also incorporate environmental dimensions and economic efficiency (UNDG 2015).

### **3.4 Strengths of the CSP framework**

First, the framework promotes the understanding of the way in which companies perceive their social responsibility. There is no single definition of CSR, and different organisations and companies define and practise it differently. Therefore, this framework enables scholars to ascertain companies' meaning of CSR, by categorising and coherently studying the perceptions of participants (Carroll 1991; Wood 1991). Second, through categories listed by the framework,

including issues management, SM, and value clarification, the framework identifies categories under which the factors that influence companies to engage in CSR activities occur, as well as the companies' level of response. Third, Wood (1991) recommends that the three categories of CSR, corporate social responsiveness and corporate social performance be used in conjunction with each other, in order to avoid limitations caused by biased judgements of the performance of the firms' activities. According to Ten Pierick et al. (2004), the framework is relevant when these categories are used together; they form pluralist ethics, and this addresses all relevant aspects of reality. The authors write that each of the categories is associated with one or two ethical perspectives: for example, CSR is associated with deontologist ethics, corporate social responsiveness is connected to pragmatist and virtue ethics, and CSP to consequentialist ethics. Consequently, this framework is not only used in business and societal studies, but in business ethics as well (Ten Pierick et al. 2004).

Lastly, the framework is dynamic and not time locked, and therefore can be used to study the performance of a firm as a snapshot, or as the impact of the company's activities over a period of time. To illustrate: the framework could be used to understand a company building boreholes and how these improve primary healthcare, or it could be used to study the performance of the firm in improving the livelihoods of farmers over a number of years. Ten Pierick recommends that in cases where one seeks to stimulate or improve the framework, it is important to focus on the process rather than the categories. They add that:

*"[...] if the objective is to measure, analyse, or evaluate CSP framework, pragmatic reasons may justify a focus on, for instance, social programmes. In those situations, though, it is important to realise that a partial approach is adopted" (Ten Pierick et al. 2004, p. 14)*

The flexibility of the framework, which allows a partial use of the categories, enabled Ten Pierick et al. (2004) to adopt it for his study on pig farms in the Netherlands, and therefore it will be used to study alcohol companies' social responsibility programmes in Uganda. According to Pierick et al. (2004), the needs of society keep changing, and therefore companies need to scrutinise their environment in order to ensure that they are responding to the needs of society. This framework makes it possible to do that. Despite being useful in assessing the economic, social and environmental performance of a firm, the CSPF has a few limitations, some of which are listed below.

### 3.5 Weaknesses of the CSP framework (CSPF)

According to Ten Pierick et al. (2004), the first category of the CSPF which categorises Wood's (1991) principles of *legitimacy*, *public responsibility* and *managers' discretion*, as well as Carroll's (1991) *legal*, *economic*, *ethical* and *philanthropic* levels, is too abstract; and whereas it may be used in various sectors and companies, it is not specific. Secondly, the second category of corporate social responsiveness does not emphasise the need for companies to continuously evaluate the relations between corporate objectives and the objectives of society. Without a guide or sense of responsibility, the company is faced with demands from various stakeholders and may not be able to meet them, causing companies to react to issues that affect their organisations rather than scanning the environment to enable proactive CSR (Wood 1991). This, according to Ten Pierick et al. (2004), may lead to responsive but not responsible firms. Companies can be very responsive to environmental conditions or pressures from stakeholders, for example in the case of alcohol companies, but they may, in the process, act irresponsibly by marketing products to increase sales.

Despite the weaknesses of the framework indicated above, this research has adopted it, because it recognises that different people understand the concept of CSR differently, and therefore different companies practise it differently. This leads to debates on which are the right activities or investments for a company to employ in CSR. The framework of Ten Pierick et al. (2004) offers an understanding of the various concepts of CSR, why companies engage in it, and the performance of their activities. A single corporate social performance measure or analysis tool has not been formulated and/ or accepted by scholars; therefore by using the three CSPF categories, the researcher is allowed to exhaustively study findings to ascertain the contribution of the breweries' social programmes to the mitigation of HIV and AIDS in their communities. The framework highlights and analyses three important themes: environmental protection, economic growth and social equity, which according to Watt and Holmes (2004, p.4) are the most important characteristics in analysing the contribution of a firm's activities. Furthermore, it is expected that through this framework, the specific understanding of the breweries' responsibilities to society will be ascertained, in addition to the factors that influence their responses to societal and stakeholders' issues. Additionally, by detailing the interventions of the

companies, participants' perceptions of the performance of these programmes will be ascertained. The framework will help to analyse the response of the two breweries (Diageo and AB InBev) in the form of their CSR strategies related to the issue of HIV and AIDS, which has been linked to their products and activities. The flexibility of the framework allows its modification to the purposes of this study.

### **3.6 Operationalising Ten Pierick et al's framework to suit this study.**

There is a growing body of knowledge on the contribution of the private sector to societal development. Wood (1991) explains that because society gives businesses a licence to operate, they are expected to give back by helping to develop society. Moreover, many studies (Friedman, 1970; Carroll 1991; Wood 1991; Steg et al. 2003; WHO 2003; Freeman et al. 2010) show that companies' activities and/ or products have an impact on society, and therefore they need to scrutinise their environment, identify relevant issues, respond to them, and manage them, for the benefit of current and future generations. As discussed in Chapter 2 (Section 2.6.3), studies have found an alleged causal link between alcohol and HIV. Although the link is highly contested by some scholars, others (Kalichmann et al. 2007, Baliunas et al. 2010; USAID 2012) increasingly link alcohol to high-risk sexual behaviour, aggravated gender-based violence and an inability to negotiate safe sex, and a negative affect on adherence to ART treatment. The current research adopts this framework because, as determined by Ten Pierick et al. (2004), the scholars' suggested weightings in terms of importance and specific performance indicators are summarised into broad and abstract variables. Whereas this may be advantageous in as far as measuring how good or bad companies' CSR activities are and how they could be improved, there are porous boundaries, and therefore the specificity of which activities and which stakeholders to support is not clear. Using this framework, the research is able to cover the gaps in knowledge that one approach cannot, and in this case, SM theory and public responsibility will answer the question of the specificity of activities and stakeholders. This study examines the contribution of alcohol companies towards mitigating HIV and AIDS through their CSR activities. Through the findings, it is hoped that a picture emerges of how the stakeholders perceive the contribution of the breweries towards the care, prevention and treatment of HIV. Further literature has shown that HIV has an impact on the micro and macro level of the economy, and this involves a business as well, as it also affects stakeholders along its supply chain, leading to reduced productivity and

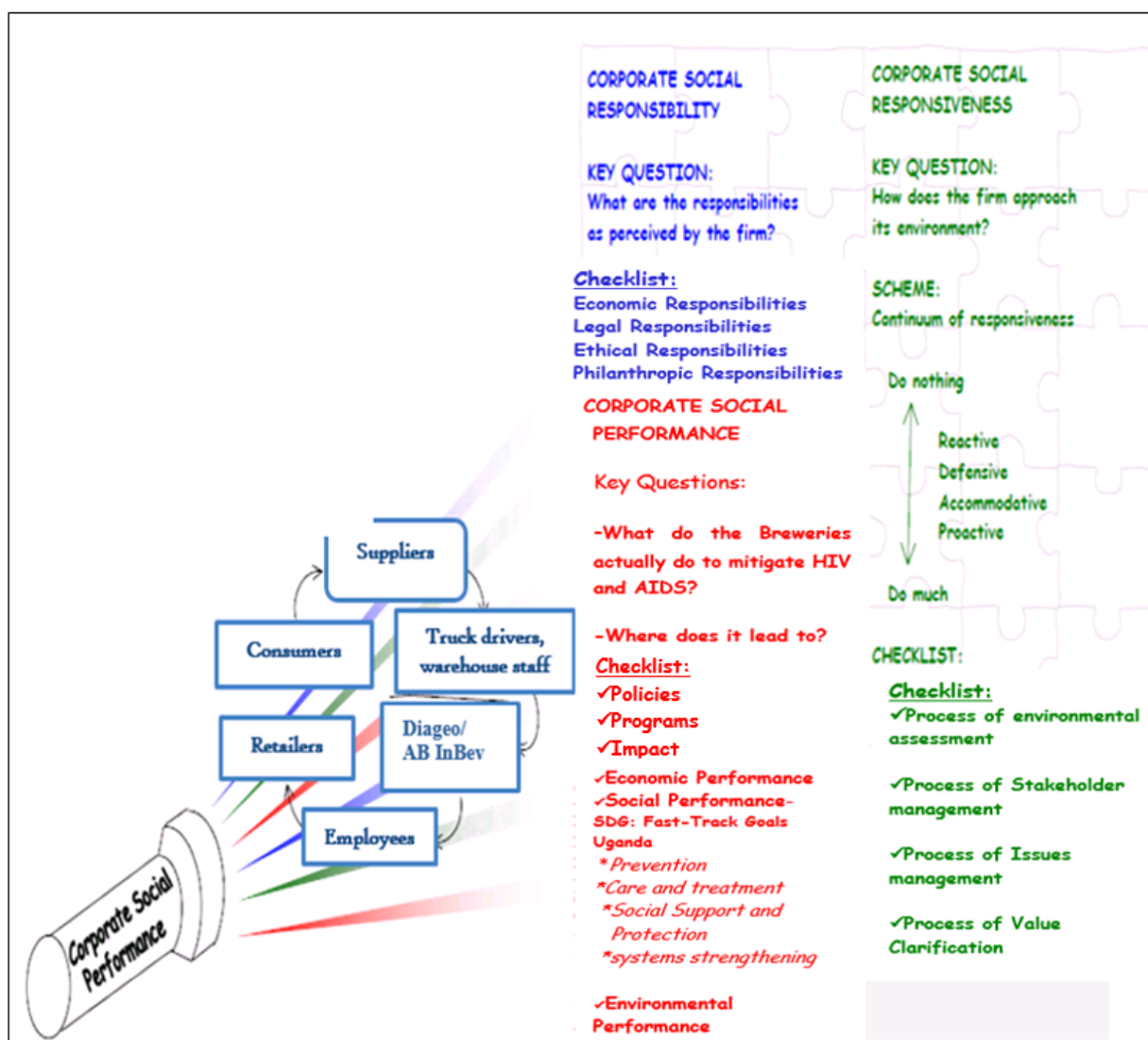


profitability. Companies in Uganda, as in other areas in Sub-Saharan Africa, have been influenced to engage in HIV mainstreaming, in which they are expected to provide HIV-related treatment, care and prevention materials for their employees. The rationale for choosing the CSPF for this study was its ability to detail participants' (the companies) understanding of their responsibility to society, as well as the factors influencing their decision to respond with CSR activities. The framework lists Carroll's (1987) four-part continuum (from '*doing nothing*' to '*doing much*') which allows the researcher to understand the level of commitment of the company being studied. The framework is also relevant because it details the performance of the organisations' CSR activities, and this is relevant to understanding the contribution to HIV and AIDS mitigation. Against this background, it is important for the study to look at the different meanings attached to CSR, the actual responses, and performance analysis, as provided by the framework (Ten Pierick et al. 2004).

### **3.6.1 Analysing a brewery's contribution to HIV and AIDS mitigation**

The activities of the breweries' supply chain are visualised in Figure 18 below. The blue, green, and red colours illustrate that each stakeholder perspective provides just a coloured (biased) view of reality. Together these colours (perspectives) represent the whole spectrum of colours (perspectives). The jigsaw puzzle representation illustrates that the analyses should be combined and connected to get the full picture.

**Figure 18: Framework for analysing the social, environmental, and economic activities of the firm**



*Adapted from Ten Pierick et al. (2004, p. 13)*

The objective of this research is to analyse the contribution of the breweries' corporate social programmes towards HIV and AIDS mitigation. To realise this objective, the CSPF of Ten Pierick et al. (2004) is adopted and extended. The extensions are primarily based on the review of the activities of the two alcohol companies in the health sector, and these are listed below.

1. As discussed in Section 3.3.1.4, Ten Pierick et al.'s (2004) CSPF adopts two major categories to understand the meaning and practice of companies' CSR – those of Wood (1991) and Carroll (1991). However, the authors note that Wood's (1991) principles of *legitimacy*,

*managers' discretion* and *public responsibility* are a mere summary of Carroll's (1991) four levels of CSR:

*"Unfortunately, Wood's principles of legitimacy, public responsibility and managerial discretion look rather arbitrary; they merely summarise prior research in the field. In fact, Carroll and Wood's typology may be combined into a single one in which Carroll's categories specify Wood's principle of public responsibility" (Ten Pierick et al. 2004, p. 40)*

Under *managers' discretion*, Wood (1991) emphasises that managers have the right and mandate to engage in activities that develop the business as well as the society. This is evident under Carroll's (1991) level of *philanthropy*, which indicates that after making a profit, companies have the responsibility to give back to their community (Visser 2008) or use their profit to develop their society (Crane et al. 2008). Secondly, the principle of *legitimacy* (Wood 1991) is synonymous with *legal responsibilities* (Carroll 1991). Wood (1991, p.695) uses Davis' (1973) definition of CSR: that society grants power to business and therefore businesses, as a social institution, must avoid abusing this power. Similarly, Carroll's (1979) category of *legal responsibility* is defined as obeying or complying with the law (Carroll 1979, p. 500; Carroll 1993: p.33). Upon this background, the framework will use the principals suggested by Carroll (1979; 1991) which are adopted and summarised by Wood (1991) and Ten Pierick et al.'s (2004). This will eliminate repetitions in mapping data along the themes under CSR.

2. As shown in Table 1, Section 2.3.4, SDG 3.3 has been adopted through the global fast-track targets, and these have been aligned to national needs. Table 4 in Section 2.3.4, shows the National HIV and AIDS Strategic plan Fast-Track targets and result areas for Uganda. These have been listed under four major goals – prevention, care and treatment, social support and protection, and systems strengthening. These goals have been added to Ten Pierick et al's (2004) CSP framework, in order to look specifically at the perception of the contribution of the alcohol industry to mitigating HIV and AIDS. Therefore, the targets and results areas will be listed under CSP in the CSPF framework. As discussed earlier, the SDG targets are universal and specific, so mapping the perceptions of stakeholders along the adopted fast-track targets will enable the researcher to understand the contributions of the two breweries.

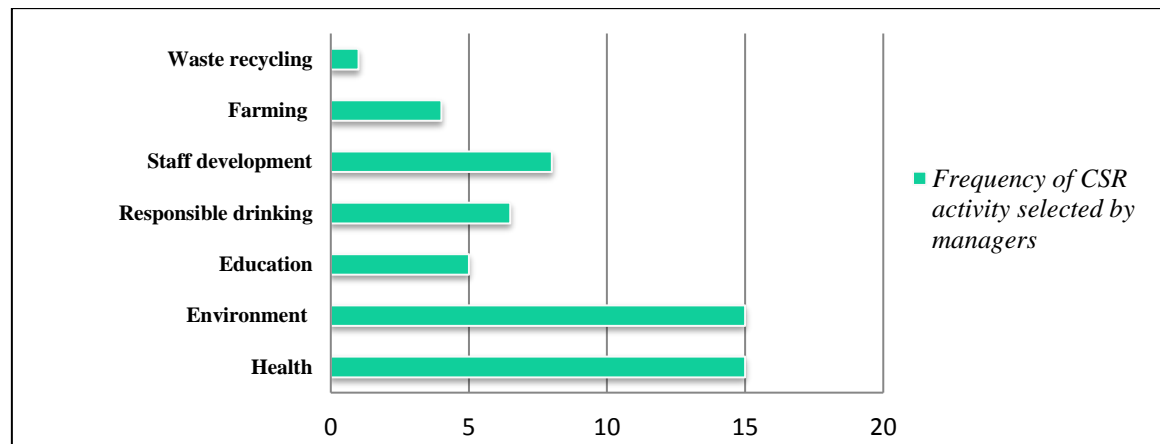
### 3.7 Can and does CSR make a difference in society?

The contribution of CSR to meeting the needs of society and its stakeholders is a contested issue (Utting 2007; Jenkins 2005; Newell & Frynas 2007; Blowfield 2007; Haman 2007). Blowfield and Murray (2008) explain that the adaptation of CSR as a solution to the problems of societal development means accepting that the social, economic and environmental challenges of society can be met through employing market-based solutions. Blowfield and Frynas (2005) argue that accepting CSR as a solution to society's problems promotes laxity on the part of government, and gives businesses more responsibility than they should have. Additionally, Friedman (1970) and Newell and Frynas (2007) argue that companies contribute to society through payment of taxes, delivery of goods and services, and provision of employment, and that therefore they have no business engaging with the needs of society. Nevertheless, arguments for a contribution to societal development are centred on how the impact or contribution is determined: for example, *"should CSR be practiced as a long term commitment or short term"* (McFalls 2007); *"the choice of prioritising the needs of shareholders or other stakeholders"* (Freeman et al. 2010); *"defining the actual impact by the outputs and outcomes or the intention of CSR"* (Blowfield 2007); and finally, *"whether the social and environmental responsibility should be practiced by large businesses"* (Mele and Garriga 2004) or by *"Small and Medium Enterprises"* (Nkiko 2010). Despite the above arguments, the role of CSR in society remains uncontested (Al-Khater and Naser 2003; Aguilera et al. 2007; Asongu 2007; Crane 2008; Visser 2008). Various direct and indirect benefits are realised by societies, because of the social, economic and environmental commitment of corporations.

When CSR is integrated into the community, an interdependency between businesses and society is formed (Asongu 2007). From the social point of view, CSR should benefit the community; the latter has a very complex structure, as it consists of individuals with various levels of control of resources, both physically and intangibly (Barton 2007). The close link between business and society creates sustainable development in the long run: for example, Broomes (2012) evidences that the genesis of the UN Global Fund for AIDS, which now has global coverage, to provide ART to those living with HIV, was a result of an example set by South African mining companies. Through collective action, they took it upon themselves to voluntarily provide anti-retroviral treatment in the mining companies for their staff in order to maintain a healthy

workforce. Therefore, if this has been done in South Africa, then it can be enforced in Uganda, to acknowledge the potential impact of businesses upon the health sector. Research conducted by Bakojja (2012) in three alcohol companies (Diageo, AB InBev and Parambot breweries) in Uganda revealed that CSR in the country focused mainly on mitigating national health needs. This is confirmed by Blowfield and Frynas (2005): that in developing countries, the foremost issues include HIV/AIDS, the alleviation of poverty, childhood nutrition, and a number of other structural social problems; and these issues are therefore the most common focus of companies' CSR.

**Figure 19: Major categories of CSR activities that the 3 companies focused on**



*Source: Bakojja (2012, p. 56)*

The figure above shows the CSR focus of three breweries in one three month period. As shown, health and environment activities are prioritised, followed by staff development and the promotion of responsible drinking. This is an indicator that CSR can make a positive difference.

This integrative approach between businesses and society has increasingly led to stronger CSR commitments on the part of organisations, particularly regarding programmes aimed at reducing the environmental footprint (Katamba et al. 2014). Whereas Mele and Garriga (2008) indicate that this is a result of interest from stakeholders, Katamba et al. (2014) argue that it is because of the benefits, including an enhanced reputation, that the company derives from being responsible. Nevertheless, Hawken (1993) suggests that when companies work to protect the environment,

they are restoring ecosystems and protecting the environment while still bringing innovation, prosperity and security to society. Further, this contribution is in line with the WBCSD (2010) assertion that when companies manage their environmental footprint, they are in line with the UN Global Compact. The UN Global Compact is considered a strategic policy for organisations committed to aligning their operations and strategies within the areas of human rights, labour, and environment, in ways that are good for society (WBCSD 2010).

Katamba et al. (2014) explain that companies operating in the community, particularly MNCs, contribute to the transfer of technology from high-income countries to low income countries. Barton (2007) advances three pillars of technology transfer: i) the flow of human resources; ii) the flow of public sector technology support; and iii) the flow of private technology from MNCs to developing countries. Barton (2007) argues that CSR, through the transfer of technology, whether through human resource or partnership between public and private technology, would benefit the targeted community, who would gain in several aspects of product development and marketing, such as better price and quality, as well as from concern for people's wellbeing. AB InBev engages in research with Euromonitor International (EM 2016) to study the trends and impact of alcohol in the community, and this is then used to inform policy. According to Katamba et al. (2012; 2014), CSR creates a kind of universal togetherness, leading to an improvement of societal needs.

CSR has also been linked to sustainable development in society, through the alleviation of poverty (WBCSD 2010 and EC 2011). Research (Carroll 1990; Visser 2008; Freeman et al. 2010) shows that the main objective of engaging in CSR is to benefit society. However, this may not be a motivating factor for companies, so scholars and practitioners should detail the benefits, both to the community and the businesses, which occur when companies engage in CSR, in order to convince other companies to adopt the practice (Aguilera et al. 2007; Bakojja 2012; Akremi et al. 2015). There is evidence to show that when companies engage in activities to support their communities, they not only contribute to societal issues: for example, reducing poverty, tackling health challenges, managing their environmental footprint and improving access to quality education, they also contribute to the sustainable development of these activities.

Despite the dominant view in the literature that there is a positive relationship between business performance and CSR, scholars (Friedman 1987; McAleer 2003) argue that CSR has an ambiguous and complex impact on company performance. Michelon et al. (2015) explain that the benefits of CSR strategies and activities are spread across multiple facets of social, environmental, economic and discretionary activities. Nevertheless, it is important for companies to integrate the various activities so that one does not benefit at the expense of another.

### **3.7.1 CSR provides measurable benefits to businesses and their communities.**

Studies have shown that CSR provides measurable benefits to business (Okpara and Idowu 2013). Carroll and Shabana (2010) and Cho and Kim (2012) define the business case for CSR as the justification that specific economic and financial benefits are derived when companies engage in CSR activities, both from a voluntary and/ or a strategic perspective. Several studies (Alexander and Buchholz 1978; Matten and Moon 2008; Porter and Kramer 2006; Panwar et al. 2015) provide an economic rationale to defend the idea of companies engaging in these activities. Supporters of CSR, according to Okpara and Idowu (2013), indicate that in order for businesses to have a healthy environment in which to operate in future, they need to ensure its long-term survival. When companies successfully implement policies and projects of CSR, the impact is tangible for individuals and the communities in which they operate. Wood and Jones (1995) describe this as corporate social performance. Carroll and Buchholtz (2008) recommend that companies should be proactive instead of reactive to issues that affect society, because anticipating, planning and initiating CSR activities is less costly and more practical than simply reacting to social problems once they have appeared.

### **3.7.6 Sustainability and sustainable development**

Increasingly national institutions, corporate enterprises, sustainable cities and businesses are adopting sustainable development (SD)<sup>8</sup> as a mission and goal for their activities (Nkiko 2014).

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<sup>8</sup> SD is defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs (Brundtland Report 1979).

As with CSR, SD has a plethora of definitions, and has in most cases been used interchangeably with CSR (Parris and Kates, 2003). Businesses are faced with the dilemma of maximising profits and while adopting inclusive business models, to manage their commercial activities so as to address issues that affect their societies (WBCSD 2010). The issues of social development are the responsibility of society as a whole, not just the private sector, international and local community or government (Nkiko 2014). Blowfield and Murray (2008) add that this especially affects MNCs, because they operate in high-income as well as low-income countries such as Sub-Saharan Africa, where poverty, poor health and other ills exist. Nevertheless, the WBCSD (2010) advances a number of practices that can be adopted by companies to ensure that their activities meet economic, social and environmental requirements, as well as those of various stakeholders, sustainably. These practices include stakeholder engagement, environmental management systems, reporting, disclosure, and life-cycle analysis. Steurer et al. (2005, p.270) advise that along with their social, economic, and environmental activities, companies need to observe, i) transparency and participation through corporate openness towards stakeholders, using communication, disclosure and reporting; ii) reflexivity through continuous learning, measuring, monitoring and evaluating activities, iii) integration of social and economic activities so that progress in one dimension does not come at the expense of other dimensions, iv) intergenerational equity and foresight through satisfying the needs of an enterprise and its stakeholders, today and in the future.

Lastly, through engaging in CSR activities on a micro level in the communities in which they operate, businesses contribute to social, economic and environmental development at a macro level (Nkiko 2010). Although CSR activities have been observed and reported in the annual and CSR reports of companies, there is no tool to analyse or measure their actual contribution (Ten Pierick et al. 2004). Scholars, however, tend to use national development goals as a standard to analyse these contributions. In 2010, Nkiko analysed his research findings on the activities of small and medium business owners in Uganda by ascertaining their contribution to the

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The form of progress of business strategies and activities that meet the needs of the enterprise and its stakeholders at present while protecting, sustaining and enhancing the human and natural resources that will be needed in the future (WBCSD, 1992, p.1)



Millennium Development goals. Katamba et al. (2010) in their research, *Integrating Corporate Social Responsibility into Efforts to Realize Millennium Development Goals: Lessons from Uganda*, show that businesses, by contributing to community development, enhance macro development across the three main CSR categories: social, economic and environmental.

## **Chapter Conclusion**

Chapter 3 has defined the three concepts (CSR, corporate social responsiveness and corporate social performance) that are important within the CSPF, as well as highlighting their specific importance to the study, which are also referred to from time to time within the thesis. It has also highlighted the complex nature of understanding the responsibilities that companies have towards society and stakeholders, the companies' response to these issues and how the performance is analysed. This study does not seek to measure the performance of the CSR activities but rather analyse the performance/contribution to the mitigation of HIV and AIDS using stakeholders' perceptions. The framework has been modified to suit the study and cover areas of contribution to HIV and AIDS mitigation. It has also shown that various scholars who seek to determine the contribution that CSR makes to societal development have adapted the CSPF (or parts of it). The chapter has highlighted the significance and strengths of the CSPF to the study, and its weaknesses as an approach, and finally the chapter concludes with an analysis of literature on CSR contribution to society.

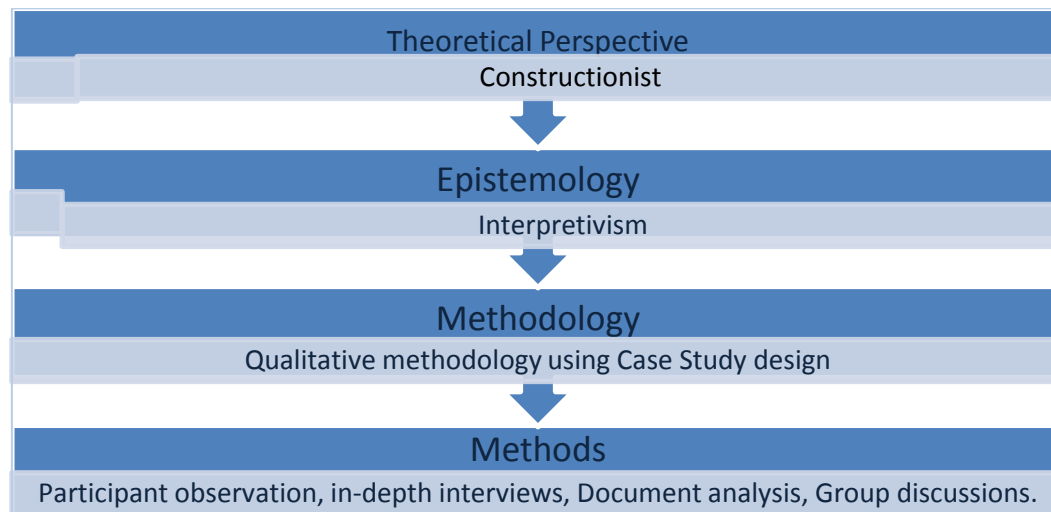
## **Chapter 4: RESEARCH METHODOLOGY AND DESIGN**

### **Introduction**

In this chapter, the methodology and the research design used in this study are presented. Section 4.1 introduces the philosophical underpinnings of the study, grounded in constructivism and interpretivism. This is followed by a description of the qualitative methodology selected, and the rationale for using this method (Section 4.2). Section 4.3 underpins the research design, focusing on the two case studies; and the next section (Section 4.4) describes in detail the methods used to collect data, detailing the fieldwork sites context, and the sampling and recruitment methods. The ethical considerations, and the practical and logistical challenges of the data collection (Section 4.6) are considered and the chapter closes with details of the methods used for data analysis (Section 4.8).

Blaikie (2000) explains that a research design is a plan presenting justifications for the technical decisions made in the research process. In order to provide a systematic guide, justification for the use of selected research methods, and to ensure consistency, this research adopts Crotty's (1998) framework, which is premised on four foundations: epistemology, theoretical perspective, methodology, and methods (Figure 20). Denzin and Lincoln (2011) define a research design framework as a set of beliefs that guide action, as well as a set of guidelines that address two critical issues of representation and legitimation. Carter and Little (2007) suggest using a framework to evaluate the quality of the research, through examining the contribution of the epistemology, methodology and methods, and their interrelationships.

**Figure 20: The research framework**



*Source: Crotty (2008); adapted to suit study.*

The focus of this research is to understand the role that breweries in Uganda play in supporting HIV and AIDS prevention, care and treatment. Addressing these objectives allows for a broader understanding of the motivation of these companies to engage in activities to support people affected by HIV, how they use partnerships to achieve their objectives (other organisations involved; NGOs, government; health centres), and most importantly, to gather the perceptions (lived experiences) of stakeholders on the role that these companies play in supporting HIV and AIDS in Uganda.

#### **4.1 Philosophical underpinning of the study**

Theorists (Creswell 1998 and Mason 2002) indicate that a well-designed research study starts with the selection of a problem or area of interest, as well as a philosophical underpinning. Philosophical underpinning is relevant to research because it relates to whether the researchers believe that reality is objective, or that participants construct the reality in which they exist. The way in which the researcher relates to participants, interprets data and produces results is also influenced by their worldview. A set of assumptions and/ or worldview frames the way in which researchers perceive the nature of reality (*ontology*), and the way in which knowledge can be

attained (*epistemology*). Despite a number of debates on epistemological world views, Denscombe (2010) argues that these can be reduced to two major ontological positions: constructivism and objectivism.

Saunders et al. (2012, p. 26) describe objectivism as a, “phenomenon that depicts the position that social entities occupy in reality, whether individuals are aware of it or not”. Objectivism was not adopted for this study because the study investigates the various ways in which different actors, within their own contexts and interactions, perceive the contribution of alcohol companies towards the treatment, care and prevention of HIV and AIDS. This research is guided by the teaching and underpinnings of the constructivist approaches, which assume that reality as we know it is constructed through meanings and understandings that developed socially and experimentally (Guba and Lincoln 1994; 1998).

#### **4.1.1 Constructivist worldview**

From the paradigms that investigate individual perceptions and experiences, qualitative research has been considered in order to understand the lived experiences of the research participants and their perception of the role of breweries’ is reflected in the design of the research, which includes the methodological and substantive categories, as suggested by Agger (1991). Crotty defines the constructivist worldview as the understanding that all knowledge, and therefore all meaningful reality, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted in an essentially social context (Crotty 2003, p. 42). The complex nature of this research, given the fact that it is situated in both health and business studies, dictates the use of the constructionist worldview, in order to understand the link between the two concepts and to answer the research question.

A constructivist worldview encompasses observing society through relative constructions of meaning, depending on the different experiences of individuals. In this case, the research participants experience the reality of the CSR activities differently, because each participant generates meaning according to their own experience. The company managers design and implement the CSR activities; the health workers, as partners, run the activities; and the various stakeholders along the supply chain benefit from these activities. Therefore, the research will be

based on the previous and current social perspectives of these participants (Crotty 2003; Creswell 2003; Neumann 2004).

Similarly, the varied nature of participants and their environments, including company managers, beneficiaries, health workers and government representatives, may have different perceptions and viewpoints on what CSR is, and on the activities of alcohol companies (brewing, selling and marketing, and CSR activities). Comparable to other research under the constructionist worldview, this research dwells on the multiple meanings of participants, which will lead to different interpretations of data (Bryman and Bell 2012). Crotty (1998) points out that all knowledge, and all meaningful reality, are constructed through relations between human beings and their environment. Various participants in this study engage with the activities of CSR to support the initiatives of HIV treatment and care; they impute meaning to these activities, including what the activities mean to them personally, and to society in general.

Denzin and Lincoln (2011) consider that constructivism is related to subjectivist epistemology, which means that researcher and participant together create an understanding of social phenomena. Crotty (1998) explains that the difference between subjectivism and constructivism is that the former insists that individuals create meaning independently, without interaction with the object. Various factors influence how individuals interpret their environment, including objects, and even their interaction with the researcher (Easterby-Smith et al. 2008); and therefore, the role of the researcher, who is also involved in the construction of knowledge, will be taken into consideration. According to Crotty (2003), it is when human beings move in and out of this interaction with a phenomenon that they form meaning.

#### **4.1.2 Interpretive theoretical approach**

Denzin and Lincoln (2011) reflect that all research is interpretive, guided by a set of beliefs and feelings about the world and how it should be studied and understood. Interpretative research assumes that knowledge is a mediated experience, and that therefore, participants act based on how they interpret their environment (Bryman 2012). On the other hand, positivism holds a modernist worldview: that inquiry should be based on scientific observation and not

philosophical speculation (Gray 2014). He states that, “*While positivists are looking for consistencies in the data in order to deduce laws, interpretivism often deals with the actions of the individual.*” (Gray 2014, p.60)

This research seeks to determine the relationship that exists between businesses and society, through business engagement in CSR. It examines the contribution by companies to issues that affect society, and the developing partnerships created to meet the objectives of businesses to support HIV prevention and care. The use of case studies has been important from an interpretive perspective, which according to Gray (2014) holds that any attempt to understand social reality should be grounded in peoples’ experiences of that reality. According to Carson et al. (2001), data collected in interpretive paradigm is primarily inductive and descriptive, and thus provides rich contextual information when trying to understand social phenomena (Pollard 2000). Creswell (2008) also argues that interpretive research is flexible, as it allows the researcher to describe and comprehend the meaning of the world around them, through their own experience and that of the participants.

#### **4.1.3 Situating the research subject: different approaches**

This thesis unusually combines two different disciplines, business and global health. This presents a richness of diverse views, as well as challenges in combining the literature and methodological approaches of both disciplines. Using the combination approach matrix, the Global Forum for Health established that research between global health and business is not balanced (Ghaffar et al. 2004). The failure in practically all countries to establish a process for priority-setting, based on the burden of diseases and their causes, has led to a situation in which only about 10% of health research funds, from public and private sources, are devoted to 90% of the world’s health problems, measured in disability-adjusted life years (DALYs). This extreme imbalance in research funding has a very high economic and social cost for individuals, nations, and the world as a whole.

#### ***4.1.3.1 The business approach: Corporate Social Responsibility***

According to Alvesson and Deetz, (2000), in spite of the growing interest in the interpretivism research, a positivist approach has dominated CSR research. After reviewing the literature, Sharma and Rudd (2003) concluded that CSR is pluralistic, because it is a subject spread across a number of management areas. These areas include human resources management, operations, and marketing, and therefore there needs to be a balance between the methods of inquiry used.

Similarly, Visser (2011) demonstrated that even when published, CSR papers are divided between empirical and theoretical research; and quantitative research is published more than qualitative research. Visser suggests that this may be more of a reflection on the journals' editorial policies than an academically-favoured research approach. Critics of the quantitative method of research add that the measurements of these studies tend to have poor or unknown validity, because they do not consider wider environmental influences, such the views and beliefs of participants, and the processes that may influence these variables (Hall 1984; Rosenhead and Mingers 2001). Therefore, in spite of finding numerous examples of studies in CSR that reflect positivist research, there is an equally large measure of research that falls under interpretive research.

#### ***4.1.3.2 The global health approach: HIV and AIDS***

In the early years, the focus of HIV and AIDS research was largely on the epidemiology and biomedical approaches, and therefore aligned with positivist epistemologies (O'Reilly 1995). However, there has always been a strand of qualitative work on the margins of both interpretivism and positivism, and in recent years as it has become clear that not all the answers to the problems of HIV lie within a biomedical approach. There has been a shifting of research interest towards the lived experience of individuals (Doyal and Doyal 2012); the impact on communities (UNAIDS 2009; WHO 2012); and practical solutions to reduce the impact of the epidemic (SDG 2015; WHO 2015; UNAIDS Global AIDS Report 2013). Powell (1998) states that,

*“Whereas positivism can examine crucial epidemiological questions, such as trends in prevalence, incidence and behaviour, interpretive (qualitative) research can investigate context and nuance, such*

*as the lifestyle and contextual factors associated with the crucial issue of risk-taking among groups such as homosexual men and injecting drug users” (Powell 1998, p. 12)*

Recently, scholars (Mbulateiye et al. 2000; Baguma 2009; Mathur et al. 2016) have started adopting a middle ground, by embracing both approaches when studying HIV and AIDS to support knowledge, experience and understanding of the impact of the disease.

## **4.2 Methodology**

Methodology is the strategy of inquiry that a study adopts (Denzin and Lincoln 2011) to guide the choice of methods, assumptions and consequences. The research design of this study was deductive, and adopted an exploratory descriptive approach, which provided a study design that is flexible and dynamic.

### **4.2.1 Qualitative research methodology**

Qualitative research is an appropriate approach to generate knowledge of complex issues that have not yet been explored (Denzin and Lincoln 2000). Creswell (1998) describes qualitative methodology as an inquiry process designed to allow the understanding of social phenomena, based on the construction of a complex but holistic picture created with words, reporting the perceptions of study participants in detail, and conducted in a natural setting. However, Willig (2008) cautions that the objective of qualitative studies is not to predict, but rather to explore, describe, and explain events and the experiences of the study participants. Willig adds that qualitative method allows the researcher to determine meaning, and the context through which participants create their meanings. Various concepts (for example CSR, HIV, partnerships, and alcohol) are discussed in this study across different settings, and therefore it was important to adopt qualitative research tools such as observation, semi-structured interviews and free-form discussion groups, in order to capture the meaning of these concepts to generate rich contextual data.



As noted earlier (Section 3.5.1.1), qualitative research is subjective, so in order to ensure reliability, the results must be clear and transparent (Willig 2001). Comparatively, qualitative research is evaluated on its ability to highlight and interpret the observations and lived experiences of participants, whereas quantitative research is evaluated on its replicability for future studies. Therefore whereas quantitative studies seek to establish a single truth, qualitative research illustrates varied versions of many 'truths', illumination, understanding, and extrapolation to similar situations. Qualitative analysis results in a different type of knowledge than does quantitative inquiry (Strauss and Corbin 1990). Sarantakos (2013) concludes that quantitative methodology excludes some information: for example, participants' perceptions and experiences, characteristic of people because beliefs cannot be reduced to numbers. This suits this study, because of the interpretative nature of the perceptions of the contributions of company activities to HIV and AIDS mitigation.

It is important to note, however, that the information obtained from this descriptive, exploratory study on the role and contribution of CSR to HIV prevention, care, and treatment could be used as a foundation for a larger study on the role of companies in supporting the health sector in Uganda. Pearson et al. (2015) question the ability of qualitative research to judge the influence of methods on findings, deciding which study to include in a qualitative project, how to protect the integrity of the participants and the contexts of the research. This has led authors (such as Pope and May 1997; Willig 2001; Hammersley 2007; Silverman 2011) to assess qualitative research through concepts of validity, reliability and the generalisability of results.

In order to ensure transparency, rigour, commitment, and coherence, Smith (2003) advises carrying out research, analysis and write-up in a systematic order, which details a step-by-step description of the entire study process followed by the researcher. On systematic presentation of data, Elliot et al. (1999) and Braun and Clarke (2006) mention that during the analytical process, the researcher considers using a data-based story or narrative to ensure coherence. Qualitatively, as well as systematically presenting and analysing the research process, triangulation is another process by which rigour may be guaranteed, according to Elliot et al. (1999). Creswell (2007) asserts that data triangulation enhances reliability, enriches construct validity and therefore reinforces evidence. Using more than one method of data collection or different sample of

participants is important, because it provides key strengths of completeness and confirmation of data. However, Crotty (2003) cautions that researchers need to be sure why they select more than one method or participants, and must provide evidence of how they use it. In this research, more than one method of data collection was used through consulting a range of participants (company managers, health workers, NGO staff, and beneficiaries) and adopting a wide range of data collection tools (interviews, group discussions, document review).

### 4.3 Research design

Within qualitative inquiry, Kapsali and Ayudhya (2011) describe how Creswell (1998) advances five research designs: case study, historical, grounded theory, ethnography and phenomenology, as described in the table below.

**Table 11: Types of qualitative research designs**

Research Design	Description
Case Study	Attempts to shed light on a phenomena by studying in-depth a single case example of the phenomenon. The case may be an individual person, an event, a group, or an institution.
Grounded theory	Theory is developed inductively from a corpus of data acquired by a participant observer.
Phenomenology	Describes the structures of experience as they present themselves to consciousness, without recourse to theory, deduction, or assumptions from other disciplines.
Ethnography	Focuses on sociology of meaning through close field observation of sociocultural phenomena. Typically, the ethnographer focuses on a community.
Narrative	Systematic collection and objective evaluation of data related to past occurrences, in order to test hypotheses concerning causes, effects, or trends of these events that may help to explain present events and anticipate future events.

*Source: Kapsali and Ayudhya (2011)*

The research question greatly influences the nature of the research design adopted. This research seeks to analyse the role and contribution of CSR in the prevention, care and treatment of HIV and AIDS in Uganda. The first choice of design for this research was ethnography, which according to Kapsali and Ayudhya (2011) focuses on sociology of meaning through observation of the sociocultural phenomena of a community. However, other features of the phenomena showed that the object of interest, HIV-related CSR activities, were targeted at various

stakeholders along the breweries' supply chain; the range of activities differed, identifying the strategies that companies adopted, such as partnerships, involved studying companies as case studies, to ensure that a sufficiently broad scope of views was reflected. Case study design was therefore selected, because it allowed the researcher to engage in an in-depth evaluation of the two breweries as case studies, and to study the broader perceptions and experiences of their stakeholders/participants.

#### **4.3.1 Case study research design.**

A single definition of case study has not been established, because it is interchangeably adopted as a method and/ or a research design (Yin 2014). Denzin and Lincoln (2011) add that case study is not defined by a specific method of inquiry, but rather by interest in individual cases, experiences and events. Nonetheless, Yin (2014, p.15) defines case study as, *"An empirical enquiry that investigates a contemporary phenomenon in depth within its real world context, especially when the boundaries between phenomenon and context are not clearly evident."* Yin (2006) explains that increasingly, case study is being adopted as a research tool, through multiple or single cases, to investigate a research issue and contribute to researchers' understanding of individual, social, organisational and political phenomena. This flexibility of case study strategy has enabled research to be carried out across various fields, including social sciences, business, psychology, and sociology (Yin 2004). Kumar (2005) adds that this research method is important when the study focuses on extensively exploring and understanding rather than quantifying and confirming. Therefore, case study was the most suitable strategy for this research, because it is used when studying business (CSR) as well as health (HIV and AIDS).

#### **4.3.2 Types of case study**

Yin (2009) and Gibson and Brown (2009) advance three types of case study research: exploratory, explanatory and descriptive. This research will utilise descriptive and explanatory case studies to analyse phenomena (*CSR activities, interest and output, and perception of activities' outcomes*), because they build on the interest of the lives and health of individuals and communities, and associate this with the CSR business concept. Descriptive case study gives a

detailed account of what is observed, without relating the observations to existing theories (Yin 2009). It also allows the researcher to explain periods of observation and detail reflection on the role of the researcher in the study, while still employing other methods that are synonymous with case study, such as interviews, focus groups and secondary data collection. Explanatory research, on the other hand explains how events occurred, and what activities preceded participants' decision to engage in certain activities. Tellis (1997) observes that explanatory research studies phenomena in context, and through the cause and effect relationship, uses explanatory concepts in order to understand the observed practices. Exploratory case study research details what is going on, investigates the reasons for particular practices, and enables the researcher to create a hypothesis related to the circumstances that surround the phenomena (Yin 2009 and Creswell 2006).

#### **4.3.3 Justification for adopting the case study method**

According to Yin (2014), case study is preferred when examining contemporary events like CSR activities, especially when the relevant behaviours cannot be manipulated. Case study is beneficial because it allows use of a wide range of sources of evidence, including direct observation, systematic interviewing and document analysis. The case study approach is increasingly engaged to investigate the nature of public and private interaction, and especially contractual arrangements in the health sector (Allen 2000; Palmer 2001).

The in-depth analytical capacity of case study allows the researcher to understand the complex nature of CSR, because not only is it understood differently by different organisations, the activities that they engage in are also dissimilar (Katamba et al. 2014). Multiple case studies, as advanced by Stake (2006), allow the researcher to study and analyse the HIV and AIDS related CSR activities of two separate but not dissimilar companies. On the complexity of CSR, Porter (2005) alleges that companies are known to report CSR activities they have not actually engaged in; so case study was chosen, for its ability to explore and investigate contemporary real-life phenomena through detailed contextual analysis of a limited number of activities or events, and their relationships.

Authors endorse the case study method because it focuses on the experiential knowledge of a case (Ebbutt 2006); uncovers related or diverse sensitive conditions (Swarnborn 2010); and also allows the researcher to use multiple source of evidence (Bryman and Bell 2012; Yin 2003) over a sustained period of time (Stake 1995). Yin (2009) describes it as a method with strong philosophical underpinning, which provides a framework for exploratory research in real life settings. Case study methodology is relevant to this study, in not only allowing examination of the motivation of breweries to contribute to the care, prevention and treatment of HIV and AIDS, but also to understanding the nature of the activities engaged in, the choice of partners in these activities, and individual perceptions of these activities.

Case study method is the appropriate qualitative technique for this research because it answers the questions of, 'what', 'how' and 'why' things happen (Yin 2006, p.1; Simons 2009; Swarnborn 2010). According to Gibson and Brown (2009), it details the process (*how is it done?*); analyses the outcome (*is it working?*) and allows documentation of multiple perspectives and contested viewpoints (Stake 1995).

*"How" and "why" questions are more explanatory and likely to lead to the use of case studies, histories, and experiments as the preferred research strategies. This is because such questions deal with operational links needing to be traced over time, rather than mere frequencies or incidence" (Yin 2014, p.8)*

Yin (2003; 2014) indicates that case study can illustrate certain topics within an evaluation, through descriptive and explanatory modes. Following Yin (2014), this study analyses and describes the activities and motivation for companies to engage in HIV related CSR activities, as well as explaining the perceptions and experiences of stakeholders who have engaged with these activities. Stake (1999) and Easterby-Smith et al. (1991) explain that case study is important because it allows for holistic in-depth investigation and analysis of phenomena and the experiences of participants, especially when multiple case studies are used. Case studies are designed to illuminate participants' viewpoints through multiple sources of data (Stake 1999) and is therefore a method that suits this research.

#### **4.3.4 Limitations of case study**

Yin (2014) asserts that the case study approach has previously been critiqued, and regarded as a less effective methodology than experimentation and surveys. However, this view has changed in recent years with more studies appreciating and adopting case studies for their research. Critiques of the case study approach include firstly, the argument put forward by Stake (1999) and Yin (2014), that case studies lack rigour, and often allow biased views and ambiguous evidence to influence the findings and conclusions of the study. This research, however, uses triangulation of qualitative data, in order to gather views from more than one participant on the same topic; as well as using a variety of data collection methods to guard against bias. It is also important to note that the participant narratives are not altered in any way, and in some cases, direct quotations are used. However, this research adopts a multiple case study approach, in order to clarify whether there is a similar pattern among the cases, thus providing adequate evidence for generalisation. Critics claim that case study method generalisation cannot go beyond a single case, but, as noted by Yin (2003) when an individual case is studied, it is compared across themes that have developed, and if there is an anomaly in the findings, it will contribute to the modification and development of new themes. Similarly, Guba and Lincoln (1998) add that when the researcher is reflexive, lessons learnt from one case study can be used to understand other case studies. Stake (2005) writes that what case studies lack in generalisability, they make up in transferability. Transferability is the extent to which data from one study are applicable to data from another study (Stake 2005).

Finally, case studies focus on human experiences, and therefore rely on subjective data, for example from participants' statements and/ or the researcher's observation. Therefore, they are based on the opinions, feelings and descriptions of the participants. For instance, Nkiko and Katamba (2010) argue that people in some sub-Saharan Africa countries hold various traditional beliefs, many of which lack substantial evidence, but which represent truth and reality for the people who hold to that belief system. Therefore, belief can be truth to an individual, making it subjective. Stake (2005) suggests that the researcher in this case avoids subjectivity through replication and triangulation of research methods.

#### **4.3.5 Case study: the breweries**

Guided by the philosophical positioning and theoretical assumption in Section 3.2, the two breweries of Diageo and AB InBev make up the case studies for this research. The breweries were selected because firstly, the researcher had personal experience of them, as detailed in Chapter 1, and was granted access to carry out interviews. Secondly, the two breweries are MNCs, and their annual reports show that they have been engaging in CSR activities, particularly HIV and AIDS mitigation activities. In order to answer the objectives of the study, the researcher studied their CSR activities, and was able to engage with the managers and health workers who carried them out, as well as with the beneficiaries of the activities. Stake (2005) refers to this as multiple case study design, which is relevant when investigating similarities, differences, and interesting details of two or more phenomena. Yin (2014) argues that ‘multiple case studies’ is not a type, but rather a variant of case study, and according to Bryman and Bell (2015), allows the researcher to understand individuals’ perceptions of their experiences, as well as organisational and managerial processes. In particular, Yin asserts that multiple case studies, as employed here, allows for in-depth analysis of phenomena.

##### ***4.3.5.1 Profile of the two breweries***

As discussed in Chapter 2, two alcohol-manufacturing companies, both Diageo and AB InBev Ugandan subsidiaries, informed this study, and their profiles are presented in the table below.

**Table 12: Profile of the case companies**

Company	Ownership	Capacity and Marketshare	Number of staff	Operations in Uganda
<b>Nile Breweries a subsidiary of AB InBev</b>	Nile Breweries Limited (NBL) was established in 1951 by a group of businessmen, associated with the Owen Falls Dam construction. After several ownerships, SABMiller Plc, the world's 2nd largest brewer in the world, acquired the company in 2001 from the Madhvani family. After the successful completion of the business combination with SABMiller plc in 2015, the company is now part of the AB InBev family.	The combined capacity of Nile Breweries Limited with two plants in Jinja and Mbarara stands at 2.45 million hectoliters of beer, making NBL the number one provider of locally produced beer in Uganda with a 59% market share. Nile Breweries Limited has a portfolio of over twelve brands with alcohol content ranging from 2% to 8% *Ten locally produced beer brands (Nile Special, Nile Gold, Club Pilsener, Castle Lite, Castle Milk Stout, Eagle Lager, Eagle Extra, Eagle Dark, Redd's, and Chairman's ESB), one locally produced traditional African beer (Chibuku), two imported lagers (Castle Lager and Grolsch), one ready-to-drink product (Redd's Vodka Lemon), and one bottled water brand (Rwenzori Mineral Water) *Whereas in 2014, the company owned significant shares in Coca cola, when it was bought out by AB InBev, Coca Cola bought itself out.		The company headquarters are situated at the main distribution depot in Luzira, in Kampala. The main brewery is located in the town of Njeru in Buikwe District, approximately 6 kilometres (4 mi), north-east of the central business district of Jinja, Uganda. This is approximately 77 kilometres (48 mi), by road, east of Kampala. The Company has a new plant in Mbarara in about 250 kilometres (155 mi), south-west of Kampala
<b>Uganda Breweries a subsidiary Diageo</b>	Uganda Breweries is a subsidiary of East African Breweries Limited group (EABL), which has a 98.2% shareholding in the company. EABL is itself a subsidiary of Diageo Plc, which is listed on the London and New York Stock Exchanges.	The plant has a total brewing capacity of 1,000,000 hectolitres per year set to grow by 50% with on-going investment in expansion of brew house. *Brands include: Bell Lager Uganda Waragi, Tusker Malt, Pilsner, White Cap, White Cap Light, Senator, Guinness, Allsopps and President Lager. Imported spirits include Johnnie walker, Ciroc, Smirnoff, J&B Rare. One soft drinks -Alvaro malt	390 direct employees and 22000 along the supply chain.	Located in Port Bell – Luzira in the outskirts of Kampala, the brewery is continuously modernized and its operating capacity expanded. Bell Lager is the company's flagship brand having been in the market for over 60 years

*Source (Field data; AB in Bev 2016; Diageo 2016)*

## 4.4 Information generation process

### 4.4.1 Data collection phases

This research adopted a holistic approach, achieved through triangulation of methods and participants when collecting and analysing primary and secondary data. The first phase started in Edinburgh, and focused on reviewing the existing literature through document analysis.



Charmaz (2006) recommends studying relevant literature prior to going into the field, because this literature builds on and provides an understanding of the field in which the study topic is situated, as well as identifying gaps that the study will address. Moreover, according to Charmaz (2006), the literature can be merged into the study's arguments, to show how the emerging themes compare with those from previous studies. Therefore purposive, iterative literature searches and reviews before the fieldwork, and throughout the writing stages, are essential. At several stages, for instance, focused searches were conducted on the following topics: i) *HIV in Uganda*, ii) *CSR in Uganda (Diageo and AB InBev)*; iii) *CSR policies and activities*, and IV) *the research methodology that would best suit this research*.

In the early stages of this literature search, it was found that prior research revolved mainly around the understanding and motivation of CSR, the push for companies to treat their employees (not the community), and HIV in Uganda. This search also revealed a gap in prior studies, because they had ignored the perceptions of the managers who designed the CSR activities, the partners who rolled out these activities, and the beneficiaries who received and benefitted from the activities. It was during this stage of the study that the researcher discovered that in the three of the areas where this study was carried out, there was an increase in HIV infections. This appears to be linked to the location of the breweries.

*“Uganda government should put emphasis on about 15 districts, which are HIV/AIDS transmission “hotspots”. The districts are Wakiso, Kampala, Kabale, Mubende, Jinja, Buikwe, Rakai, Hoima, Gulu, Kabale, Luwero, Ntungamo, Mityana and Mbarara. There are reductions in infections but if we put more attention to about 15 districts based on the available data and do massive HIV testing campaigns, we can achieve a lot”. Musa Bungudu, UNAIDS (Ainebyoona 2015, P. 3)*

The second phase of this study began in July 2014, and involved the main body of the data collection. The first month was spent in Kampala, obtaining ethical clearance and meeting the directors of UCCSRI, collecting literature from the breweries, and making appointments to meet managers at the two breweries in Luzira. The first interviews with company managers revealed that over and above looking after their farmers, the companies were also engaging in direct HIV/CSR activities to support other stakeholders along the supply chain, including the community, employees, customers and even consumers. During this fieldwork visit, Kapchorwa was visited for a period of four months while Jinja and Mbarara were visited for a week each.

The third phase involved a follow up visit to Uganda in May 2016 which lasted a month. In this phase, as supported by the iterative process, the areas that were visited in the second phase (Kapchorwa, Mbarara, Jinja and Kampala) were revisited, and interviews and one group discussion were carried out. Visits were also made to the various health centres to see the progress of activities, and whether other new projects were being supported by the breweries. During this phase, the researcher visited three health centres: MJAP and AIC in Mbarara, and St Francis Mbiko in Jinja; as well as returning to farms to talk with farmers. Whereas the researcher met the same health workers in the second and third phases, she met different farmers in each phase. The major reason for returning to the field the second time was to refine the analysis, and attain an understanding of the subject area (Creswell 2009). This allowed the researcher to receive constructive criticism from supervisors, feedback as well as corrections, and recommendations based on what had been said earlier by the participants.

#### **4.4.2 Sampling and recruitment**

In case study design, sampling is an important step, because it may strongly affect the findings of the research (Denzin and Lincoln 2000). As identified in Chapter 1, studies on CSR in Uganda tended to focus on the companies, and the managers who were the implementers, rather than on those with whom they partnered to roll out the CSR programmes, or those who were at the receiving end of the activities. In order to cover this gap, this research seeks to determine the perceptions of partners and beneficiaries, as well as those of managers and other key informants. The varied nature of the participants selected for this study is in line with the advice of Boyce and Neale (2006): that in order to collect in-depth data, research relies on multiple sources of information to provide a complete picture. Additionally, this research looks at a number of broad topics and required a varied sample in order to meet the research objectives. Boyce and Neale (2006) add that when choosing a sample for study, it should represent the diverse stakeholders, and their opinions, in the area of study. Following the identification of the areas of study, the researcher adopted purposive sampling and a snowballing technique to recruit significant respondents, in order to provide variety and allow for rigorous research. Purposive sampling involves selecting participants from a pre-specified group that is deliberately sought out (Gerrish

and Lacey 2010), particularly when selecting participants for case studies (Tongco 2007). Rather than attaining statistical representation as per quantitative research, this research seeks to attain a broad range of perspectives, through interviewing multiple participants about the activities of CSR that companies engage in to support HIV and AIDS treatment, prevention and care.

Denzin and Lincoln (2005) write that when engaging in case study research, the selection of samples is usually determined at the beginning of fieldwork, because the sample size is too small to warrant random selection. Researchers (Patton 2002; Oescher 2012; Kielmann et al. 2011; Palys 2008) provide a wide scope of types of purposive sampling, including typical case, maximum variation case, extreme case, snowballing case, stakeholder sampling and critical case sampling. In light of the above types, stakeholder-sampling best suits this study. Palys believes that: “... *stakeholder sampling is useful in the context of evaluation research and policy analysis, this strategy involves identifying who the major stakeholders are, who are involved in designing, giving, receiving, or administering the program or service being evaluated, and who might otherwise be affected by it*” (Palys 2008, p. 698). The selected stakeholders were instrumental in eliciting programme theory, explaining how the project worked, and the perception they had of the role of the breweries’ activities in care, prevention and treatment of HIV and AIDS.

#### **4.4.3 Eligibility criteria for participants in the study**

In order to ensure that the participants were relevant to the study, they were selected on account of their engagement in the breweries’ CSR activities, or were the beneficiaries of these activities or had an, an independent opinion on or expertise of the activities.

In order to determine which participants were to be included in the study, the researcher conducted an extensive mapping exercise of the breweries, including their management structures. This was in order to understand; (i) which departments and managers influenced the choice of CSR activities; (ii) the managers who were directly involved in the activities of CSR; and (iii) the activities that targeted HIV projects, both directly and indirectly. In the case of health workers, the mapping process started with identifying the health centres and NGOs with whom the companies collaborated to support these HIV/CSR activities. This was done through studying their websites, and getting in touch with contacts mainly provided by managers at the brewery,

although the researcher also made other contacts without their help. Health workers at partner organisations (health centres and NGOs) who supported the CSR activities and engaged with beneficiaries were also interviewed. Health workers at the partner clinics who were not directly involved with the brewery activities were excluded.

The second criteria used focused on the beneficiaries of the CSR activities. These participants had first-hand information on the effects that the CSR activities were having on them. The beneficiaries were of significant importance to the study, and included farmers, individuals at the health centres who were referred by the brewery, and patients who were receiving treatment and care directly from the brewery clinic; all these were interviewed. Some beneficiaries were eliminated because of time limitations: for example, secondary school students who had been educated on alcohol and HIV awareness; also the role of the breweries is silent in these activities because they do not want to admit that underage drinking occurs and presumably, leads to young people contracting HIV. According to Diageo manager, Diana, the brewery uses the slogan, *'Show the red card to underage drinking'*, in order to avoid misinterpretation or miscommunicating alcohol relevance to students.

Lastly, key informants or independent experts, including a District Health Officer (DHO) in Mbarara and a biostatistician in Kapchorwa and CSR experts under UCCSRI, who were important because of their knowledge of the activities of CSR that the breweries were engaging in. Patton (2002) refers to key informants as individuals who are knowledgeable about the inquiry setting, and are able to provide insight into the area of study. The DHO and district biostatistician were interviewed because they have expert knowledge on HIV policy and projects. Although they were not part of the CSR HIV-related activities, they represent civil society and government, and provide permission and licences to NGOs, companies and other organisations for these activities to take place in their districts. On the other hand, the CSR experts advise and monitor company activities in order to reward businesses that are performing well and meeting UNBOS standards. They provided crucial insights into the companies' activities and the general atmosphere of CSR in Uganda. These key informants were very useful in verifying conflicting information from the participants, and were especially knowledgeable on the CSR activities of the breweries.

With regard to the criteria for exclusion, the breweries (Diageo and AB InBev) were selected because of the rich data that was available on their websites and through media reports, as well as the ease of access to data from participants. Initially, the researcher considered studying the activities of all MNCs and local alcohol companies in Uganda for this research, because of alcohol's relation to the study (see Chapter 2). However, in order to focus the study and avoid bias, the researcher followed Katamba et al.'s (2014) recommendations for selection conditions for case study companies: firstly, a company needs to be ISO 26000 certified (therefore meets set standards of social responsibility), and secondly, it must be a company demonstrating recognised sustainability activities and policies. Another important consideration for this particular research was that the companies had to be engaging in CSR activities that targeted the health sector, and specifically HIV and AIDS. Although Heineken, Diageo and AB InBev met the first two criteria, Heineken was eliminated because it did not meet the third specification of engaging in CSR activities to support HIV and AIDS programmes, which was essential to this study. This may be explained by the fact that Heineken operates a distribution office in Uganda for imported beer, rather than a full brewing plant, as in the case of the other two companies. In addition, the two breweries, Diageo (Uganda Breweries Limited) and AB InBev (Nile Breweries Limited), were preferred, because the researcher, having worked with Diageo for five years, had prior knowledge of, and good contacts with, employees and managers engaging in the companies' CSR activities. This preceding relationship was very important for the study because it allowed for a certain level of trust as well as easing access to data. As Goertz (2005, p. 175) puts it, *"Participants talk freely, openly, and honestly about the research topic only if they: feel comfortable and trust the interviewer, feel secure about confidentiality, believe the interviewer is interested in their story, and do not feel judged."* Similarly, Kielmann et al. (2011) recommend that the researcher cultivates a relationship with participants, in order to obtain in-depth information; and the researcher's previous relationship with the company managers facilitated this.

This kind of prior relationship has the potential to bias the research; however, reflexivity was carefully built in to the research process. This was achieved through not making direct contact with the sales and marketing employees in the field where the research was carried out. Secondly, the researcher turned down an offer to be introduced to the farmers by Diageo's agriculture

manager, to avoid the possibility of bias in the responses. Lastly the researcher mentioned her former ties with the brewery to all participants, but informed them that she was now a student at Queen Margaret University (QMU) and that the research was not commissioned by either of the breweries. This minimised the possibility of bias that could have been caused by familiarity. Both genders were eligible for participation in the research, and equal opportunity was given to allow equal participation. However, the sample was skewed towards male participants, as addressed in Section 4.10.2.

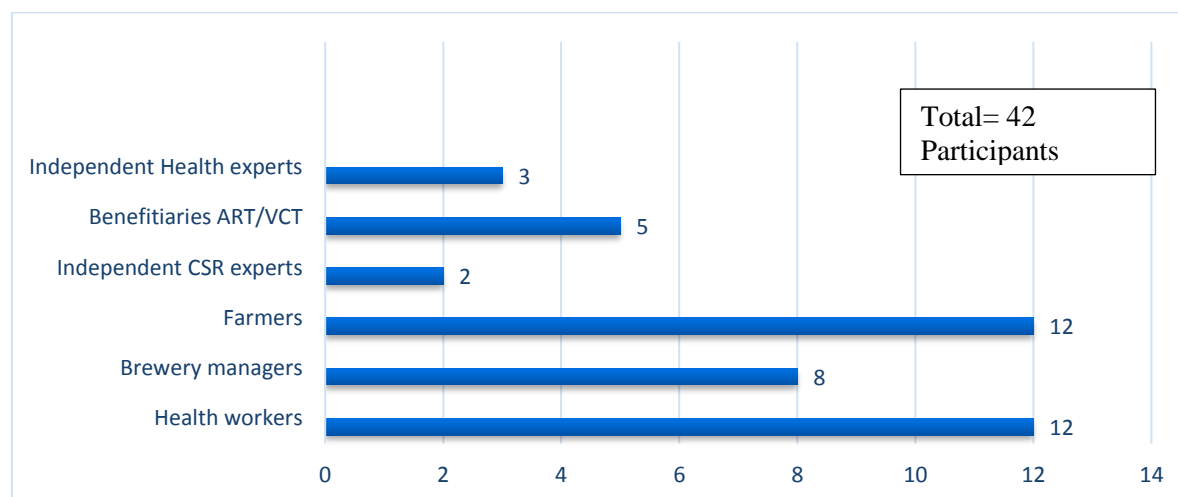
#### **4.4.4 Selection strategy: study sites and participants**

Purposive sampling was employed in the selection of the interviewees, including managers, key informants, health workers and beneficiaries, who could all provide information useful to the research. Right from the beginning, the researcher was clear that the research would be based in Uganda. It was carried out in four places where the breweries were engaging in CSR: Kapchorwa, Jinja, Mbarara and the capital city Kampala. Two major factors were considered in sampling the areas for research: the location of the breweries' CSR activities, and the location of participants. The map (Figure 26) below indicates the areas where the fieldwork took place. This section details the areas where the research was carried out, as well as the participants who were interviewed in each location. This allows the researcher to connect the participants to the relevant location and to the case (brewery).

##### ***4.4.4.1 Overview of participants***

A total of 47 interviews were conducted, including two group interviews and forty-five individual interviews. In total, the researcher made contact with 42 participants. The reason for the forty-seven interviews was because five of the 42 participants were interviewed more than once: for example, company managers who were interviewed in phase one to ascertain the location of the companies' CSR activities, were also interviewed in phase two. The table below indicates the number of participants who were engaged in each category.

**Figure 21: Participants interviewed per category**

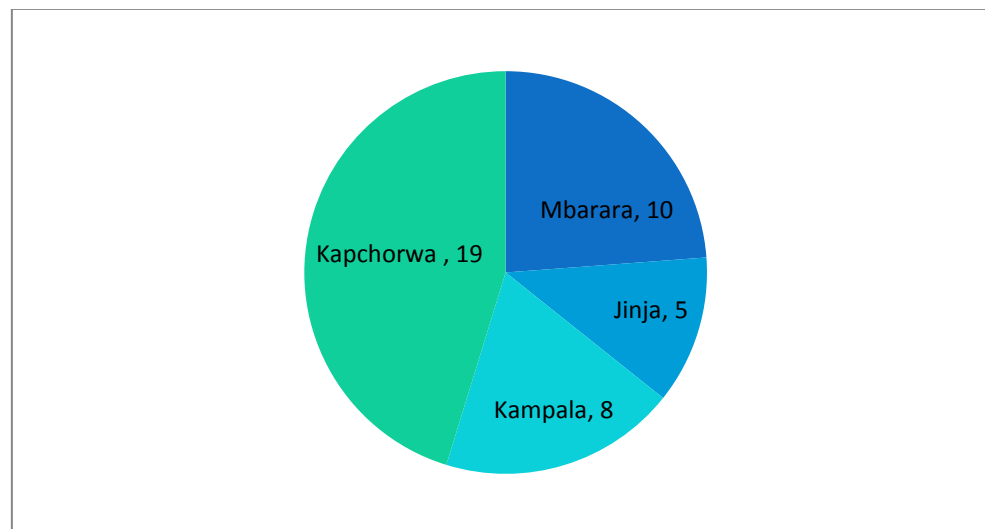


*Source: Field data*

Figure 21 shows that farmers were interviewed most, and this may be explained by the length of time spent in Kapchorwa and the fact that the initial research plan was to interview only farmers as beneficiaries. Another relevant factor is that the activities in which they engaged were more systematic and consistent than the CSR/ HIV activities at other centres.

The interviews that were conducted per region were dependent on the location of the participants, as depicted in figure 22 below.

**Figure 22: Number of participants per location.**



*Source: Field Data*

#### ***4.4.4.2 Participants' gender***

In Uganda, gender inequality is still high, and it is evident in this study that the number of female participants was lower than that of men across all participant categories (including managerial roles in businesses and farms). Although an attempt was made to find a more even sample, the final numbers are heavily skewed toward men. Only twelve participants in this research were women, comprising one female out of three participants in the first phase, nine out of 33 in the second phase, and two out of eleven in the third phase. It is important to note that this does not mean that CSR is a male-dominated field in Uganda, but that agriculture is mainly male dominated. It was observed that despite being actively involved in the farming process, women engaged less in the interviews.

**Table 13: Participants' gender**

Gender	Phase 1	Phase 2	Phase 3	Total
Male	2	24	9	35
Female	1	9	2	12

There were women among the farmers, and the researcher interacted with some of them, but the men were more open to share their ideas during discussions with the researcher.

#### ***4.4.4.3 Geographical location and participants' profiles***

Framework analysis was adopted, because for this research a pre-designed sample and specific interview questions were asked to inform the study. Framework analysis, according to Ritchie and Spencer (1994, p.186), is important when determining the nature of phenomena, creating typologies, finding associations, providing explanations, and developing the strategies which were followed to analyse the raw data. The data is discussed under the major themes from the both the framework adopted and the qualitative data.



[illegible]

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**Table 14: Profile of participants interviewed in Kampala**

Participants (Pseudonyms used).	Gender	Age category	Category	Location of interviews
David	Male	35-40	CSR expert. David has carried out wide research on CSR in Uganda, in multinational organisations and SMEs. He lectures at Makerere Business School and has engaged in research on the two breweries.	Makerere University Business School- Kampala
Cedric	male	35-40	CSR expert and researcher. Works with Makerere Business School and Derby University. He has published widely on CSR in Uganda and globally. Also worked with World Business Council for Sustainable development (WBCSD)	Kampala
Diana	Female	35-40	Brewery Manager - Corporate Relations office. Designs, implements and decides on CSR activities and partners. Is in charge of PR and advises on where and when the CSR activities take place	Diageo offices Luzira
Kauki	Male	35-40	Diageo - Agriculture Manager. Has been with the company for 8 years. Based in Kampala but manages all farming projects countrywide.	Diageo offices Luzira
Patrick	Male	40-45	Manager - Corporate Relations Office. Has worked with AB InBev for fifteen years. Designs and implements CSR, PR and media strategy. Directs CSR on partners to work with and locations	AB InBev offices- Luzira
Andrew	Male	40-45	Manager/ Diageo. Kenyan, working in Uganda. Has engaged in various CSR activities.	Lunch meeting- Jambo
Mulangira	Male	30-35	AB InBev Corporate Manager. Has worked with AB InBev for six years. Implements CSR activities especially training, students, farmers and bar owners on responsible drinking	Barbeque lounge. Kampala
Tinkasimire	Male	50-55	Health Expert: Tinkasimire has been the Director of NMS for over 7 years. Through this organisation, he has collaborated with private companies Coca Cola/AB InBev to distribute medical supplies nationally.	National Medical Stores

As shown in the table above, the interviewed participants were mainly managers and key informants, because that is their office location. Nevertheless, other managers were interviewed in Kapchorwa.

### *Study site 2: Mbarara*

Mbarara is one of the largest cities in Uganda, located about 290 km southwest of Kampala. It is the largest city in the western region, the capital of the Ankole sub-region, and consists of one municipality and nine rural sub-counties. It is also the major transit town for tourists to the western national parks of Bwindi and Queen Elizabeth, and Lake Mburo National Park (UNBOS 2014). A number of universities have been built here recently, including Mbarara University of Science and Technology, Bishop Stuart University, and Kampala International University, which have attracted a large number of students from all over East Africa. AB InBev, in 2011, opened a new state-of-the-art brewery in Mbarara to cater for demand in both local and export markets. According to Taremwa (2013), Mbarara is one of the districts in Uganda with a high HIV prevalence: about 31% of females and 9% of males. This has been attributed to the active social life of a high percentage of young people, because of the presence of several universities. AB InBev has collaborated with AIDS Information Centre (AIC) and Makerere Joint AIDS Program (MJAP) to run the activities of CSR. The district has 60 health centres in total, but according to Mbarara district statistics, only a few have sufficient resources to offer reasonable services in areas such as rehabilitation, equipment and staff numbers (MDSA, 2016). This is not helped by the distances to the health centres, as shown in the table below.

**Table 15: The distance that individuals have to travel to the nearest health centre.**

Distance to Nearest Health Facility	Male			Female			Total
	Urban	Rural	Total	Urban	Rural	Total	
Less than 1/2km	3,786	2,883	6,669	1,426	885	2,311	8,980
1/2 - < 1km	5,777	7,116	12,893	1,786	2,283	4,069	16,962
1- 5 km	3,555	19,345	22,900	1,135	5,584	6,719	29,619
More than 5 km	220	16,048	16,268	64	4,213	4,277	20,545

*Source: MDSA (2016)*

Three clinics in Mbarara were visited, including the AB InBev clinic, Makerere Joint AIDS Program (MJAP) and AIDS Information Centre (AIC) which provide HIV and AIDS treatment and prevention services. Diageo engages in water projects in this region, and has provided a water

tank to the district hospital to contribute to the reduction of water shortages, and has also run a number of ‘Don’t Drink and Drive’ campaigns. The table below displays the profiles of ten participants who were interviewed in Mbarara (plus one group interview). The participants were interviewed at the health centres, except for Turyahika, a health expert who the researcher interviewed at his office at the municipal council.

**Table 16: Profile of participants interviewed in Mbarara**

Participants ( <i>Pseudo names used</i> ).	Gender	Age category	Category	Location of interviews
Turyahika	Male	50-55	Health/ Government. A District Health officer, Turyahika has engaged with companies that want to carry out projects in the Mbarara district.	Mbarara Municipal council
Nambi	Female	30-35	NGO health worker. Project manager at AIC in Mbarara. Has worked in Mbarara for two years. Works with AB InBev projects to provide testing and counselling	Mbarara AIC
Nassuna	Female	30-35	NGO health worker. Doctor and works with AB InBev on various projects and outreaches activities.	Mbarara MJAP HCIV
Mutebi	Male	25-30	Health worker at AB InBev clinic. Carries out HIV testing and counselling quarterly. Has engaged in moonlight and outreach programs.	AB InBev centre Mbarara
Mutesasira	Male	25-30	Participant/Beneficiary. Met at the company clinic. He had come to be tested for HIV. Mutesasira has a wife and two children.	AB InBev plant
Kalyango	Male	25-30	Participant/Beneficiary. Kalyango was interviewed at the brewery clinic; was married but separated now. No children. Gets treatment from MJAP but needed to see company doctor and has a brewery card to access treatment.	AB InBev plant
Group discussion	Males	25+	Participants/ Beneficiaries (6). After the meeting with Martin, he suggested we go to the pitch where he meets his friends for football. There were six males.	Mbarara play field
Nakku	Female	35-40	Participant/Beneficiary. got tested at the fare in Kakyeka. Referred to MJAP for treatment. Husband on treatment. Has children and they are okay. Has seen Rwenzori as a main sponsor	Mbarara MJAP HCIV
Martin	Male	30-35	Participant/Beneficiary. Interviewed at MJAP after seeing Nassuna. He is still a brewery employee despite receiving treatment from the health centre. Had a brewery card to allow him to access treatment.	Mbarara MJAP HCIV
Geoff	Male	25-30	Health worker. Doctor at the brewery health clinic. Runs HIV training and HCT quarterly. Runs community outreach programs and educates on the impact of alcohol	Health centre Mbarara

### ***Study Site 3: Kapchorwa***

Kapchorwa is in north eastern Uganda and shares a border with Kenya. The HIV prevalence rate of Kapchorwa is low at 5.2% (368,000 people) (Chemitai 2016). However, despite this low prevalence, less than 50% are accessing treatment (Chemitai 2016), and this is attributed to the high level of stigma, as explained by the district health officer, Dr Michael Mwanga, that

*I have moved all over Uganda but interestingly, our Sebei community is different. We are very proud and do not accommodate anything new easily. Having HIV is looked at as a curse and everyone will point the finger at a positive person as if they committed murder. (Chemitai 2016, p.2)*

In Kapchorwa, the researcher visited Kapchorwa National Referral Hospital, Kapchorwa Civil Society Association (KACSOA) and the Action AID offices, to talk to the health workers. Most of the interviews with farmers were held at the farms to ensure confidentiality. In order to confirm the data on the number of people living with HIV (PLHIV) in Kapchorwa provided by the Uganda AIDS Commission (UAC, 2016), the researcher visited the District Biostatistician. Despite Kapchorwa having 31 health centres (MoH 2013), data from the fieldwork showed that most of the patients move away to Mbale or over the border to Kenya to access treatment. This is not only a long distance to travel but the cost is also high. Chemutai (2016) fears that this might result in failure to treat many existing cases, and thus an increase in new cases. It is important to note that the breweries support farmers in other regions of Uganda as well, but these were not visited because, i) the CSR activities were the same, and ii) in Kapchorwa, both breweries have a strong presence and employ farmers to supply them with barley.

**Table 17: Profile of participants interviewed in Kapchorwa (Site 3)**

<b>Participants (Pseudo names used).</b>	<b>Gender</b>	<b>Age category</b>	<b>Category</b>
Mutai	Male	35-40	Business/ agriculture manager. Sells subsidised seeds to farmers.
Chem Kween	Male	40-45	Barley farmer
Chebedenge	Female	50-55	Health worker at Kapchorwa Hospital. HCT and treatment for HIV. NOT a partner for AB InBev
Kacsoa	Male	30-35	Organisation that supports farmers but is currently running its own model farms. It is funded as a civil society organisation and acts as a union that supports issues that affect society: for example education, farming practices, business impacts
Kiprotich	male	35-40	Kapchorwa District Biostatistician. Runs statistics for the district on HIV and other issues. Has worked with the agriculture managers to determine the role of companies in Kapchorwa in terms of livelihoods.
Musa and Pinto	2 males	50-55	Farmers
Simiko	male	45-50	Farmer
Junior and Suuna	Male*2	35-40	NGO manager/ health worker. Action AID runs HIV projects in Kapchorwa and have been used under HIPS to train farmers on prevention of HIV and AIDS,
Sam	Male	40-45	Farmer
Wokuri	Male	45-50	Farmer
Aidah	Female	20-25	Diageo-Agriculture Manager. Trains farmers on planting and harvesting practices. Works with intermediaries who support farmers and pays farmers who sell their barley.
Cheptai	Female	30-35	Farmer
Josephine Wokuri	Female	35-40	Farmer's wife
Masaba	Male	40-45	Farmer
Mutinyu	Male	45-50	Farmer
Walekwa	Male	45-50	Farmer
Womakuyu	Male	50-55	Farmer
Farmers Group Interview	Male	varied	Farmers - interviewed in Tegeres. The researcher was talking to Walekwa and a group gathered. They were informed of the study and asked if they wanted to take part.
Joash	Male	40-45	Agriculture-Diageo manager. He is also a farmer and supports farmers in their fields to train on planting, harvesting and seasons

Kapchorwa was the major site for the research, as the researcher spent the most time in this location. Kapchorwa is not mentioned as an area with challenging levels of HIV prevalence, but data from the field indicates otherwise. Contradicting data from the Uganda National Bureau of Statistics (UNBOS 2014), which claims that an HIV prevalence rate of 5.2%, Kiprotich, the district biostatistician (see Section 5.3) said that the HIV rate in Kapchorwa is 6.3%. He provided data from the Priorities for Local AIDS Control Efforts (PLACE survey) conducted in collaboration with the School of Public Health of Makerere University (Appendix J) to prove that indeed, the HIV prevalence rate in Kapchorwa is rising.

#### *Site 4: Jinja*

Jinja is Uganda's oldest industrial centre, and sits on the northern shores of Lake Victoria, near the source of the White Nile (UNBOS 2014). The map (Figure 24) above shows the location of Jinja in eastern Uganda. The town is possibly the second largest and busiest town after Kampala (UNBOS 2014), also credited to the large number of tourists, both local and international, who come to visit the various historic sites. This has led to a busy social life in Jinja. The interviews were conducted at St Francis Mbiko, a health centre, and at the AB InBev site clinic. High HIV rates have been noted in Jinja in the past (Parkhurst 2011), and it has been referred to in the media as '*a town that has lost hope*' by Baguma (2009).

Economically, Jinja used to be the largest industrial town in Uganda and it houses Owen Falls Bujagali dam, which provides the whole country with hydroelectric power and has enabled the growth of a number of industries. However, the expulsion of Indian investors in 1970, and the civil wars that ensued, led to the collapse of most of these industries (Wagner 2010). Nevertheless, Nile Breweries Limited, which was also originally Indian-owned, was left standing, and in 2006 was purchased by SABMiller. In 2016, AB InBev took over SABMiller and its subsidiaries (AB InBev 2016). In 2002, the rate of HIV in Jinja was high, estimated at between 5.0% and 9.9%: the same as the rate for Kampala, Mbale, and Tororo, all in Eastern Uganda (US Census Bureau 2006). However, the rate is dropping according to the Jinja annual health sector performance report (HMIS 2014), from 5.1% in 2013 to 4.4% in 2014, although

there is a challenge of ART retention and stock out<sup>9</sup>, which poses a problem for HIV numbers. The researcher visited the AB InBev clinic at the brewery, as well as the St Francis Health Centre, with which AB InBev partners to provide HIV treatment, VCT services, PMCTC and SMC. In Jinja, five health workers were interviewed.

**Table 18: Profile of participants interviewed in Jinja**

Participants (Pseudonyms used).	Gender	Age category	Category	Location of interviews
George	Male	40-45	Clinician/ health worker at the company clinic. Has been with the company for 10 years. HCT and treatment for staff and community members.	HCIV- Jinja/NBL
Kajumba	Female	45-50	Health worker with St Francis Health centre. Works on HIV projects with AB InBev to support community members.	Health centre III- Mbiko
Mwanje and Nyende	Males	25-30	Health workers-work in the community to create awareness of HIV and AIDS. They are among the village health teams that promote health fairs	Health centre III- Mbiko
Lukwago	Male	30-35	Health worker- doctor at St Frances Mbiko. Treats and provides HCT. Has worked with AB InBev on projects such as outreach programs.	Health centre III- Mbiko
Augustine	Male	55-60	In- charge St Francis - partner with AB InBev. Has been to Mbarara to run Moonlight VCT with company employees.	Health centre III- Mbiko

## 4.5 Methods of data collection.

In order to capture different dimensions of the phenomena, and to validate findings for the study (Kielmann et al. 2011; McPake 1999), the adoption of a series of data collection methods is justified. Sequential and iterative analysis of data, through secondary data collection, observation, interviews and group interviews, as discussed below, was adopted, to obtain cross sectional data across the sampled population to achieve the research objectives. The iterative process allowed for flexible use of the data collecting tools and collection of in-depth exploration

<sup>9</sup> Ministry of Health Stock Status Report shows that the public sector (National Medical Stores) is generally fairly well stocked; however, there are stock outs for third line medicines, including Abacavir/lamivudine 600/300mg, Nevirapine 50mg, Kaletra syrup and Abacavir 60mg (MoH 2017, p.1)



of the new insights that emerged during the research process. The process also involved interviewing a wide range of participants (Creswell 2009) across different fields, who were either actively or passively engaged in the activities of the companies under discussion.

#### **4.5.1 Interviews**

Interviews were the primary method of data collection. The study adopted in-depth semi-structured interviews to collect a rich volume of data. Forty-five interviews were conducted with forty-two participants (three were interviewed twice), and the flexibility of the process allowed for free reign in questioning participants, while covering the desired topics. Various authors (Katamba et al. 2008; 2012; Visser 2009; Porter and Krammer 2006) have demonstrated the advantages of adopting this method in understanding the role of CSR. The literature review, along with the research aims and objectives, helped structure the development of the interview guide.

During the first phase, emails were sent to contacts obtained from the AB InBev company websites; emails and phone calls were made to contacts already known to the researcher at Diageo. Interview questionnaires were emailed to a manager from each company; their responses allowed the researcher to refine the questions so as to be easily understood by participants, and this modified form became the interview guide (*Appendix D*) for interviewing managers in the second and third phase of the study. The researcher also made contact with two UCCSRI directors, who readily agreed to be interviewed; they gave their opinions on the beneficiaries' interview guide, making it more suitable for purpose. Data collection was carried out during the second and third phases of fieldwork, including individual and group interviews, observation, document review and further literature search.

According to Easterby-Smith et al. (2008), interviews, and especially semi-structured and un-structured interviews, are the most commonly used qualitative research technique. Scholars recognise the benefits of using interviews, including the ability to unfold peoples' experiences to enable the researcher to understand the world from their point of view (Kvale 1996); provide a rich account of the subjects' ideas, knowledge and perceptions, so the researcher can focus on areas of interest (Easterby-Smith et al. 2008); they are appropriate for collecting confidential and

commercially sensitive data (Saunders et al. 2012); and they provide deeper responses when compared to focus groups (Stokes and Bergin 2006). Individual interviews were followed by group interviews (See Section 4.4.4.2). The subsection below details the process through which the interviews were conducted, under two sections (i) the interview process, and (ii) the background of recruitment.

### **The interview process**

The use of interviews was appropriate for the study, because it allows for open discussions with individuals about their perceptions and motivations (Kielmann et al. 2011), and the significance they attach to what is happening around them (May 1997); and in the case of this study, the contested role companies play in reducing HIV infection. Interviews allowed the researcher to gather data from a number of informants (managers, farmers, health workers, ART beneficiaries, key informants etc.). Table 19 below shows the number of interviews that were conducted in each phase.

**Table 19: Participants interacted with at each phase.**

Participants	Phase 1	Phase 2	Phase 3
Health workers	0	12	3
Brewery managers	2	5	2
Farmers	0	7	5
Independent Experts- CSR	1	2	0
Independent Experts- Health	0	2	1
Beneficiaries ART/VCT	0	5	0
<b>TOTAL</b>	<b>3</b>	<b>33</b>	<b>11</b>

*Source: Field data*

In order to gain insight into the subject area, and assess the ease of use of the interview questionnaire guide, the researcher engaged with four participants: two brewery managers, a CSR expert. The interviews lasted 30 to 60 minutes. Insight enabled new questions to emerge, and these were added to the interview guide.

In the first phase, three participants were interviewed, and they provided fresh information and more ideas. The second phase involved 32 in-depth semi-structured individual interviews and 1 group interviews. The two groups interviewed consisted of four to six participants. In Phase 3, 10 interviews were conducted and one group interview. The interview guides (Appendix D) were drawn up and improved after the first phase, and were used to interview participants. The participants, particularly health workers, farmers, managers and key informants, were generally found at their places of work, although two of the six managers were interviewed at a social gathering. According to Goertz (2005), participants need to be comfortable and in a stress-free environment to answer questions. After staying in Kapchorwa for a month, the researcher went to meet the farmers, some of whom she had already met when they visited the agriculture office in Kapchorwa town, and who therefore were familiar with the researcher. The researcher also frequented common social areas in Kapchorwa where farmers ate and drank, and so was a familiar face. The researcher then went to the farmers' fields in Kapchorwa, Tegeres and even Bukwo, to conduct the research. This made the process of snowballing easier, as the farmers made introductions to fellow farmers, which made observation, socialisation and further introductions possible.

### **Background to recruitment and data collection**

At the beginning of each interview, the researcher introduced herself as a research student at QMU, and emphasised the fact that interview participation was voluntary, and that participants could withdraw at any point, with no explanation required. Participants were given copies of the ethical approval forms from QMU and the Uganda Research Council, as well as information sheets concerning the study. The researcher explained what the research was about, what would be expected of participants, and the approximate length that an interview might take. The participants were allowed time to familiarise themselves with the information sheet. Permission to record the interview was sought before starting, and while 4 participants refused, the majority agreed. Where the interviews were not recorded, the participants' comments were written down instead. The researcher affirmed that the participants' identity would remain anonymous and that their names would not be used in the study.

The researcher contacted the managers by email, followed by phone calls to agree on the time and venue of meeting. The information sheets were sent prior to the meeting, and for two of the AB InBev managers, the interview guide was shared as well, because they wanted to know what would be asked, in order to prepare for it. Three managers were interviewed per company, and these were selected based on their knowledge and engagement in activities of CSR. The agriculture managers who were dealing directly with farmers were among the managers interviewed, because they had first-hand information about the areas where farmers who were potentially willing to offer information were working. Although these managers offered to visit the fieldwork area, the offer was declined, in order to avoid discomfort to the participants and bias in the interviews.

#### **4.5.2 Document analysis**

Simons (2009) recommends using document analysis as a precursor to interviews, observation and other methods of data collection. Information generated from institutions being studied, as a source of data, can be very effective in understanding the culture and operation of institutions (Miller 1997). Document analysis has been adopted in a number of CSR studies (Katamba et al. 2014; Visser 2007; Katamba and Nkiko 2007). Documents comprised annual reports, selected according to whether they were available, reliable, regular and easily accessed on the breweries websites. According to Dagiliene (2010) easy access and the fact that annual reports are audited before public release, means they are frequently used in research on CSR. Other documents used were companies' financial statements and media reports; journals and media publications on HIV, Partnerships and CSR and Government and donor organisations' reports and press releases on HIV and AIDS.

Websites for partner organisations such as health centres and NGOs were studied alongside that of the Uganda Chapter for Corporate Social Responsibility Initiatives (UCCSRI). UCCSRI is a not-for-profit organisation that coordinates companies in Uganda, helping them to embrace CSR as part of their business strategy, and publishes literature on CSR in Uganda. Some relevant data was found during the field visit, in the form of meeting minutes, brochures, and a sample of a patient's HIV card, and this was included in the documents reviewed. The secondary data studied

involved both paper and on-line versions. This document analysis guided the study on the background of the CSR activities that companies engaged in, and allowed an assessment of company values, priorities and motivations, as well as government policy/content and approaches, and documents on HIV and AIDS.

#### **4.5.3 Observation**

According to Kielmann et al. (2006), observation involves situating what we see in relation to what we know about particular phenomena in that setting. Denzin and Lincoln (2011) add that observations attempt to look at events through the eyes of the participants being studied. Other data collection techniques, such as interviews and group discussions, also rely on observation to understand participants' non-verbal cues and body language (Denzin and Lincoln 2011). They detail various types of observation ranging from the direct (*the researcher studies participants, events, spaces, behaviours, directly in real time*); the indirect (*the researcher studies objects or matter that relates to the study: for example a harvest planter in the garden*); the structured (*following a particular set of topics in which the researcher is interested, to study events*); the unstructured (*the researcher decides on area and participants and takes free flowing notes of what is taking place*); the overt (*participants are aware that they are being observed*); and the covert (*participants do not know that they are being observed*). This research used direct observation, and notes of what was happening were made, with no interpretation or value judgement (Kielmann et al. 2006). Simons (2009) asserts that direct description of what is being observed allows the reader to gain insight into what is happening in the field. The observation was unstructured in nature, to allow the researcher to gain a comprehensive picture of how participants interacted with each other, and also to see the activities they were engaging in at the study sites. Observational studies consisted of on-the-spot assessment of the process of patients lining up to receive medication at the clinics supported by the brewery (Jinja, Mbarara), and farmers working in their fields and chaffing barley (Kapchorwa). The observation at the health centres was done informally because (i) HIV is a sensitive issue and it could have made patients uncomfortable (Kirby 2008) and (ii) when participants are being observed, they tend to have reactive effects and so act unnaturally (Kielmann et al. 2006).

The initial visits to the clinics were on clinic days, and this allowed the researcher to make personal contact with the participants, rather than being introduced to them by health workers. Observation on the farms was conducted at the beginning of the fieldwork, and continued even when the researcher started interviewing participants. The duration of the time spent in the field allowed the researcher to attend the village church, go to bars where participants socialised, and build a good relationship between participants and researcher.

Observation on the farms included the routine planting, gender roles, the transport used, and interaction with brewery staff. Other social economic factors such as children going to school, how money is spent etc. were noted. On the farms, observation allowed the researcher to witness first-hand the benefits that farmers said they get from working with the breweries; for example applying what they been taught with regard to planting and spacing crops; and also to identify any discrepancies between what the breweries said they engaged in to support farmers, and what they actually did. Observation, as a method of research is not without criticism, as scholars argue that the data is not valid because the researcher cannot remove herself or himself from the equation, and so may give their own interpretation. However, it enriched these data and the method in conjunction with other methods.

#### **4.5.4 Group interviews**

Two group interviews were conducted: with five farmers in Kapchorwa, and with six ART beneficiaries in Mbarara. These groups came about as the result of spontaneous gatherings of people. Participants' curiosity drew them to the researcher, who was foreign to the area, as well as interest in what the research was about. Group interviews, according to Kielmann et al. (2005) are used when the researcher wants to explore commonly held views on a topic from a group of individuals who normally congregate together and share their perspectives on events. The farmers met in Tegeres town centre, and while the researcher was interviewing one farmer there, others came to join the group. The researcher informed them about the interview and they expressed an interest in being interviewed. Having established their eligibility, the researcher suggested that a group interview be carried out. Copies of information sheets were passed around, and the researcher explained what the research was about, where she was from, and what the

information was to be used for. She then asked participants to sign the consent forms, and for consent to record the interview, and then the interview commenced. One of the farmers in this group was also the village health worker, and so was able to provide dual insight, as a farmer and a health worker. The participants were at ease and were happy to discuss the role and the CSR activities that the companies engage in. The second group interview developed in a similar way, on a football field in Mbarara.

## 4.6 Data analysis

The purpose of analysis is to answer the research question and the set objectives governing the study (Yin 2012). Strauss and Corbin define analysis as the interplay between researchers and data (Strauss and Corbin 1998, p.13). This chapter introduces data from the interview profiles of the participants who were interviewed in this research. Table 20 below is an adaptation from Yin (2009, p.57) and Creswell (1998, p.149): a depiction of the process of data analysis in case study method.

**Table 20: Data analysis and representation in case study method.**

Data Analysis and representation	Case Study
Data Management	Create and organise files for data
Reading and Memoing	Read through text, and listen to audio tapes again and again make margin notes, form initial codes (units)
Describing	Describe the case and its context (the experience)
Classifying	Establish patterns of categories (interrelating/ unique themes, descriptions and comparing with theory)
Interpreting	Use direct interpretation of meaning of themes and descriptions. Develop naturalistic generalisations and write on findings from data analysed.

*Reproduced from Creswell 1998, pp. 148-149; Yin 2009, p57)*

### 4.6.1 Data management

The interviews were conducted in English. In areas like Mbarara, participants, and especially beneficiaries, mixed English with the Luganda language commonly spoken in Uganda. The researcher repeated back to them what they had said, translated into English to see whether that

was what they meant. Interviews were recorded using a voice recorder, while observations and reflection notes were noted down in a diary. After each interview and observation, the researcher would read the notes and listen to the interview, in order to become familiar with the data. The interviews were transcribed verbatim. In order to find meaningful patterns, the researcher processed the interviews and secondary data texts to form themes, which were used to classify the data through coding and categorisation to allow it to be interpreted. Keywords in the objectives: for example, HIV, CSR, and alcohol, and themes like *livelihoods*, were then used as nodes, and the data were input into Nvivo (10) under these nodes to create categories.

#### **4.6.2 The process of transcription and coding.**

Richie and Spencer (1994, p. 312) advise that during the familiarisation stage, researchers need to become immersed in the data by listening to recordings, studying transcripts and observational notes, and analysing documents. Following this advice, the transcripts of research interviews formed the basis upon which the thematic analysis was conducted. In order to find meaningful patterns, the researcher processed the interviews and secondary data texts to form patterns, which were used to classify the data through coding and categorisation to allow it to be interpreted. The interviews were recorded, or written in the case of participants who chose not to be recorded, downloaded and then coded. They were then safely stored on the secure university server according to the requirements of QMU. All interviews were conducted in English, apart from a few instances where participants would inject Luganda into their narrations. The parts that were narrated in Luganda were transcribed in the original form and then translated by the researcher, who is fluent in the Luganda language. It is important to note that the researcher repeated the words back to interviewees, to ascertain what they meant, and this was included in the transcription.

Text data is derived from transcripts from the face-to-face in-depth interviews conducted. The transcriptions took over six months to complete. The process involved listening to the digital recordings repeatedly in order to become familiar with the general ideas and concepts raised by participants, as well as to attain depth and overall credibility of the information. Yin (2009) advises that case study analysis should detail all sources of data and relevant evidence, and therefore case notes were made for the embedded cases that were interviewed and observed,



using information from the five sources of data stated earlier. Notes and memos were also added, enriching the data base.

#### ***4.6.2.1 Qualitative software: Nvivo***

Nvivo qualitative research software was used to classify and arrange the data, in order to make sense of it. The software was used to link datasets to codes and memos, as well as linking relationships between different codes and concepts that emerged from the data. It was useful when searching the whole dataset for keywords. The various data and code reports were printed out and read manually. This was done in order not to miss any concepts, as might occur when reading data on a computer screen. Nvivo was less cumbersome than manual coding, but also, according to (Yin 2010), it is easy to leave out some texts when coding manually. Silverman (2009) advises the use of computer-supported systems like Nvivo because they enable speed and rigour in data analysis, particularly when managing large amounts of data, as in the case of data from interviews. The inductive approach was used for each transcript, which allowed themes to emerge upon reading, rather than imposing a predetermined structure on the data (Easterby-Smith et al. 2008). However, the researcher aligned the interview text to the research objectives: this was the only initial structure imposed on the data. Paragraphs were coded according to participants' understanding of CSR or the motivations of companies to engage in CSR. The interview documents were formatted into themes and sub-themes so that all the research objectives were captured (Bazeley 2007). Then, using line by line coding, the researcher coded the data at various nodes, for example, 'Understanding of CSR', the responses of participants defining and describing CSR, were coded under Node 1. When new information emerged during the coding process, the researcher used it to set up new codes. For example, Node 4 – 'HIV prevalence, an increase in the area' was set up as various participants mentioned migration as a contributor to HIV and AIDS. Activities other than those related to HIV and AIDS, engaged in by the companies to support farmers, were coded at a new node. Tree nodes were created from the raw data, and these were built into categories so that emerging conceptualisations could be studied. Consequently, the concepts that emerged from raw data were grouped into conceptual categories, in order to build a descriptive, multi-dimensional preliminary framework that would

be used for later analysis. The process ensures validity as it builds directly on information from raw data.

#### **4.6.3 Ethical consideration**

Queen Margaret University (QMU) ethics committee granted ethical approval. The knowledge and experience of working with the breweries was relevant when selecting areas where the activities of CSR were carried out and the participants who would provide accurate data for the study. Elimination of bias on part of the researcher was maintained by remaining neutral and objective, and being reflective throughout the process. A neutral stance was maintained, by clearly stating that the researcher was a student at QMU (backed up with the information sheet and ethical approval forms), and that no commercially sensitive information would be shared with anyone else. This engendered trust and allowed the participants to communicate openly.

This research paid considerable attention to confidentiality, informed consent and ethical use of data, because of its potential impact on individuals, directly or indirectly, and on the well-being of individuals, from the interaction between the researcher and the researched.

*Confidentiality:* HIV and AIDS is a highly stigmatised subject in Uganda, and therefore participants were wary of being seen by their peers being interviewed. The interviews were carried out in the health workers' offices and other private spaces. The interviews with farmers were more direct, as the farmers spoke freely in their fields, and at the union office, where they pick up the seed and sell their produce. The researcher used codes in the place of participants' names to anonymise the source of data. This was particularly useful where the participants gave information on company CSR activities which conflicted with that of the managers or the company reports.

*Risk assessment:* The topics of HIV and CSR are very sensitive, and therefore, prior to engaging in fieldwork, the researcher submitted a form to the research committee detailing predictable risks and burdens in the field of study. The influence of the managers and health workers could not be ignored in this research, and therefore, in order to avoid bias, the researcher did not seek

recommendations on which participants (beneficiaries) to interview. Using professionals (managers and health workers) may risk vulnerable silent voices being excluded or hidden from the research, as well as representing the professional's opinion instead of that of the beneficiaries, creating a bias in the results (Oye et al. 2015). Therefore, observation was useful to identify participants who were being supported by the brewery.

*Informed consent:* Before engaging in observation and interviews, participant consent was essential, obtained by reading the participant information sheet and signing the confidentiality form, even in situations where the participants joined midway through the conversation. For example, in Tegeres town centre, while interviewing a farmer, we caught the interest of other farmers who joined us. I asked if they would like to participate, and those that accepted were given information sheets to sign. The information sheet, interview guides and consent forms for the participants were translated into Kupsabiny. This was shared with professional language services in Uganda for accuracy (Appendices C and D). However, in the field, the participants chose to read the English version over the Kupsabiny one, so the Kupsabiny ones were not used.

#### **4.6.4 Practical and logistical challenges during fieldwork**

Whereas the areas of study in Mbarara, Jinja and Kampala were stable and in the townships, in Kapchorwa, in Tegeres and Bukwo, there was a lack of all-weather roads as well as rocky, hilly terrain. This caused the researcher's car radiator to blow out due to excess pressure on the engine while going uphill. After several futile attempts to get a new radiator from Mbale, the nearest town (26 miles away) and the day turning to dusk, the researcher had to pay a local man to guard the car while she travelled by BodaBoda<sup>10</sup> down the rocky hill to Kapchorwa. A mechanic had to travel overnight from Kampala to bring a new radiator for the car. According to Arthur Larok, the ActionAid country director (ActionAid 2016) there are three major reasons to explain the bad state of roads in Kapchorwa: i) the high seasonal rainfall that washes away the roads, ii) road construction tenders given to private companies that do not complete the work on time and, iii) lack of proper information on whether the road is a national road, to be maintained by the

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<sup>10</sup>Motorcycle taxi commonly found in Uganda.

National Roads Authority, or a local road, under the jurisdiction of the Local Government. In his experience travelling from Kapchorwa to Giriki, Larok narrates:

*As we waited, a Uganda Peoples Defence Force (UPDF) soldier, coming from the opposite side of the road arrives, with four other people (one dead) on another BodaBoda. It was sad to hear the story of how his young 4-year old son died of malaria on the same road because they could not reach the Health Centre in time. He was returning to Kapchorwa, the nearby district to arrange for his son's burial. When I showed deepest sympathies, he looked up at me and said, 'my friend, this is the life we live...' (Larok 2016).*

The number one challenge of engaging in research in resource-poor areas is that participants want a solution to end their poverty. Participants expected the researcher to provide a solution to their farming and/ or treatment needs. Some farmers asked me to share the difficulties they were facing: for example, the planter taking too long to come, while others asked me to talk to the government on their behalf about the arid nature of the land. In this case, the researcher had to inform them that this research was not focused on that issue.

#### **4.7 Validity and reliability**

Yin (2014) proposes four design tests (including construct validity, external validity, internal validity and reliability) to determine the validity of social research, of which case study is a part. A challenge of validation in qualitative research is how to express the relationships that are being studied, and the version of them presented by the researcher. This research adopted Yin's structure to explain how validity was achieved (see Table 17). In order to attain validity, three strategies were used, including collecting information from varied sources in the form of observation and participant interviews, and analysis of the companies' documents, relevant Ugandan business and health publications, literature from other authors on the companies, and documents of partner agencies. When saturation was reached in each case, the evidence sets were concluded. Silverman (2013) describes another leg of validity as the comparative method, where the researcher introduces another case through which to test the provisional hypothesis. In this research, data was further improved by analysis and comparing data from two different case companies (Diageo and AB InBev). While the companies are in the same line of trade, they engage in different CSR activities; so the information from some of the participants was uniform

for both companies, but some was specific to one or the other. Table 21 below shows the methods used to ensure validity of data at each step of the research process.

**Table 21: Validity and reliability approached for the four rigour tests**

Tests	Case study Tactic	Point of tactic adoption	Method used
Construct validity	Use of multiple sources of evidence	Data Collection	Interviews, document analysis, observation,
	Establish chain of evidence	Data Collection and analysis using Nvivo	Chronological storage of data and analysis reports.
	Respondent validation. Have key informants to review case study report.	Interviews in phase 3, Consultations with informants.	Draft interview scripts were shared with managers in phase one and with supervisors at QMU. Engaging CSR managers with activities identified through observation and secondary data sources.
External Validity	Use of replication logic in multiple-case studies.	Health centres	Diageo and AB InBev, Partners (health centres)
	Use of rival theories within the study	Research design	Research within differentiating and or contrary applicable studies.
	Identification of the research question is settled during the research design phase.	Question set during project proposal stage	Research question and objectives set at the beginning of the study
Internal Validity	Triangulation	Data Analysis	Comparison and bringing together of findings from primary and secondary sources of data.
Reliability	Use of study protocol	Research Methodology	Consistent with the subjective and socially constructed nature of studies in CSR, Partnerships and in social sciences.

*Source: Reproduced by researcher from Yin (2014, p. 45)*

Additionally, this research adhered to the protocols of case study design, including following procedures of data collection that need to be engaged in before field work: for example, plans for data collection and documents to be reviewed. These were relevant to ensure that the data collected were those required to answer the research question. Unexpected outcomes were also included in the report, and these were considered as unique experiences.

## 4.8 Reflexivity and positionality

As described in Section 4.1.2, research represents a shared space, shaped by both researcher and participants. According to Bourke (2014), reflexivity is a continuous process of self-conscious awareness of the relationship between the researcher and the participants. Positionality requires researchers to be reflexive about their own cultural and social contexts (Bryman 2012), and how those affect their conduct and how they are perceived in the field. I am a Ugandan female, and I have lived and worked in Kampala for most of my life. Prior to conducting the research study upon which this reflective work is based, I worked with East African Breweries Limited (Diageo), first as a territory manager in the sales department in the areas of Luwero, Nansana and Wakiso in Central Uganda, and then as a brand manager for the company's flagship brand, Bell lager. As explained by Maxwell, *"the multiple identities researchers assume can significantly affect the conduct of qualitative interviews—impinging on not only what is communicated, but how it is communicated and how it is interpreted as well"* (Maxwell et al. 2016, p.96). In generating qualitative data for this thesis, I was constantly mindful of the influence that I might have on the research process. Having worked with Diageo and engaged in some CSR activities like tree planting and water projects, it may be assumed that this would influence my choice and angle of study, and introduce a bias on companies to investigate, and even choice of participants. Therefore, to avoid this possibility, due diligence was undertaken to maintain objectivity throughout the research process. I identified and temporarily put aside my assumptions, in order to have an open mind and listen to participants' perceptions.

Positionality can also shift throughout the process of a study: with brewery managers, I was a former colleague to some and a junior employee to others. As a student from the United Kingdom, the farmers that I interviewed considered me dominant. However, as described by Soni-Sinha (2008, p.518), the power position of the researcher is not monolithic and static, and may shift during the research period between the researcher and the ethnographic subjects. This was witnessed, when during interviews with older men and women, the culture dictated they were greeted with courtesy, including kneeling, and this put them in a dominant position. Change in positionality was also seen in the empathy the researcher felt towards the PLHIV; as someone who has lived with and cared for relatives with HIV and AIDS.

This study was motivated by the need to understand the role and contribution of two multinational breweries, Diageo and AB InBev, towards HIV treatment, care and prevention in Uganda. This was premised on my previous experience, working with Diageo, and interfacing with AB InBev as competition in the field of trade, particularly in 2008 when I was working in Migera-Nakaseke, 80km from Kampala along the Kampala-Gulu highway, as a sales representative in one of the most resource-deprived areas in Uganda. Migera is along a major highway and is the town where most truck drivers stop to eat and rest before they continue their journey to Sudan. This was therefore a very lucrative place for me to sell and carry out brand promotions, including rewarding those who purchased Diageo brands, giving offers to customers of the competition to switch to Diageo brands, but most importantly, running national consumer promotions to drive sales for Diageo brands. One of my trade sales tools was a customer database, which included customer names and contacts, weekly customer purchases, and most purchased brands. Moreover, in this town there were a large number of commercial sex workers (CSW) with whom I interacted as they dressed up and prepared to go to work. They shared the problems that they were facing including lack of condoms, poor negotiation with their customers, rape and violence. My role, unfortunately, was to get them (the CSWs) to consume Diageo brands over those of the competition hoping that this would influence their clients as well, and allow me to hit my target. I always wondered: if the companies have a database for all their customers (even in poor areas like Migera) why would the government not partner with them and/ or use their mechanism to get CSWs and truck drivers on to ART, and get them access to condoms and other methods of protection? This triggered this research between the private sector and health.

Throughout the process of fieldwork, the researcher wrote her thoughts and feelings in a diary so that they would have less effect on what she heard, interpreted and understood. The notes also acted as a constant reminder to keep an open mind when listening to the participants' accounts. Morse et al. (2002) explain that it is important for a researcher to learn from the participants' lived experiences by remaining open minded, and utilising sensitivity, creativity and insight. The research was conducted in mostly rural and resource-poor settings, and therefore the researcher tried to blend in by wearing appropriate clothing. In Kapchorwa, the researcher was advised that her footwear, which was open at the front, was not suitable for the area and that it was not for working women. Thereafter the appropriate dressing was used. In order to show that the

conclusions drawn are the researcher's interpretation, this study is presented using the third person pronoun.

## **Chapter conclusion**

Starting with the philosophical underpinning of the study, this chapter describes in detail the methodology and methods used. The choice of research philosophy was justified, as well as the qualitative case study methodology. The profiles of the study areas and the participants were discussed; and the adoption of semi-structured interviews as the main research tool, in conjunction with observations, group interviews and secondary data from company reports, was justified. The procedures for data analysis for the two case study company activities were also described. The following two empirical chapters describe the findings in which the theory is embedded.



## **CHAPTER 5: DATA PRESENTATION AND ANALYSIS**

### **Introduction**

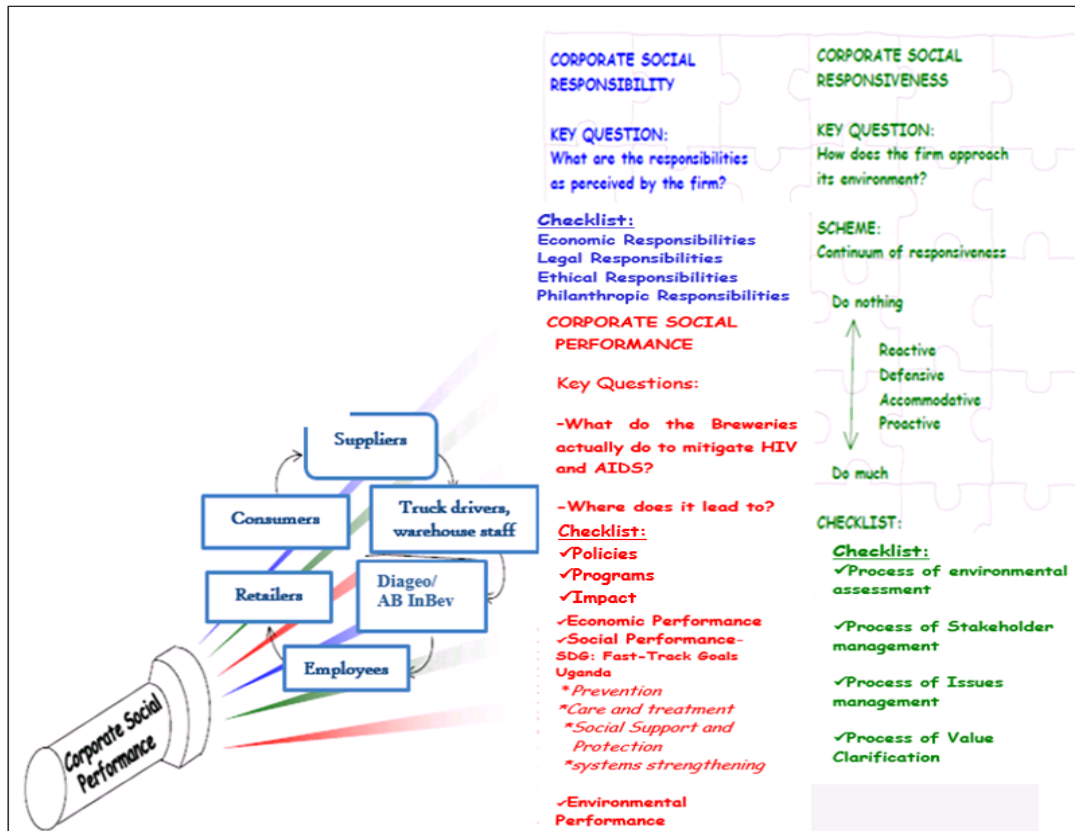
The previous chapters have presented the existing literature on HIV and AIDS, detailing its changing trends globally, and in Uganda; as well as critically analysing the correlation between HIV, alcohol and alcohol abuse. The different theoretical perspectives of Corporate Social Responsibility (CSR) and the role of the private sector to development in Uganda has been laid out in Chapter 3, and a summary of the methodological approach presented in Chapter 4. This research points to the fact that, despite the recent active involvement by scholars and CSR practitioners in Uganda, there is limited information on the contribution the private sector makes to societal development (Bagire et al. 2010), and particularly towards mitigating HIV and AIDS. The main objective of this study is to determine the contribution of alcohol companies towards HIV and AIDS care, prevention and treatment in Uganda from a stakeholder perspective.

In order to organise the study findings in line with the research aims and objectives, Chapters 5 and 6 use the Corporate Social Performance Framework (CSPF); for clarity, an adaptation of Ten Pierick et al.'s (2004) version of the CSPF has been used. The findings are organised across two chapters, because, whereas all three categories of the CSPF shed light on the performance of a firm, the third category is the only one that actually details observable or measurable results of a company's activities (Ten Pierick et al. 2004, p.57). Chapter 5 is divided into two sections; the first, Section 5.1, draws on Ten Pierick et al.'s first major category (CSR) in the CSPF framework. This major category underlines the perception of stakeholders on the social, economic and environmental responsibilities of the breweries. Under this section are four sub-sections, including economic responsibilities, ethical and legal responsibilities and philanthropic responsibilities.

Section 5.2 presents Corporate Social Responsiveness, which is the second category of Ten Pierick et al.'s (2004) CSPF framework and it pertains to the factors that influence companies to respond to issues in society. This section is divided into four sections: issues management, environmental assessment, stakeholder management and value clarification. Under the corporate social responsiveness category, the continuum of corporate responsiveness, as detailed by the

CSPF framework, is discussed. Figure 25 below is reintroduced from chapter 3 in order to remind the reader of the various categories that will be discussed in these chapters.

**Figure 24: Adapting Ten Pierick et al. (2004) Corporate Social Performance Framework**



An analytic CSPF, built by Ten Pierick and colleagues in 2004 to understand the contribution of CSR towards the social, economic and environmental development underpins the findings of the research. The framework is an extension of Wood's (1991) model of Corporate Social Performance, and incorporates Carroll's (1991) principles of understanding CSR and Woods (1991) model of analysing CSP. Three main categories which make up the CSPF<sup>11</sup> include

<sup>11</sup> For the purposes of differentiating between the two concepts of Corporate Social Performance in this study; the Corporate Social Performance Framework will be acronymized to CSPF and the last category of the framework will be written out as Corporate Social Performance, in order to differentiate the two concepts. The framework will be used across two chapters with Chapter 5 detailing two concepts of corporate responsibility and corporate responsiveness, while Chapter 6 discusses Corporate Social Performance.

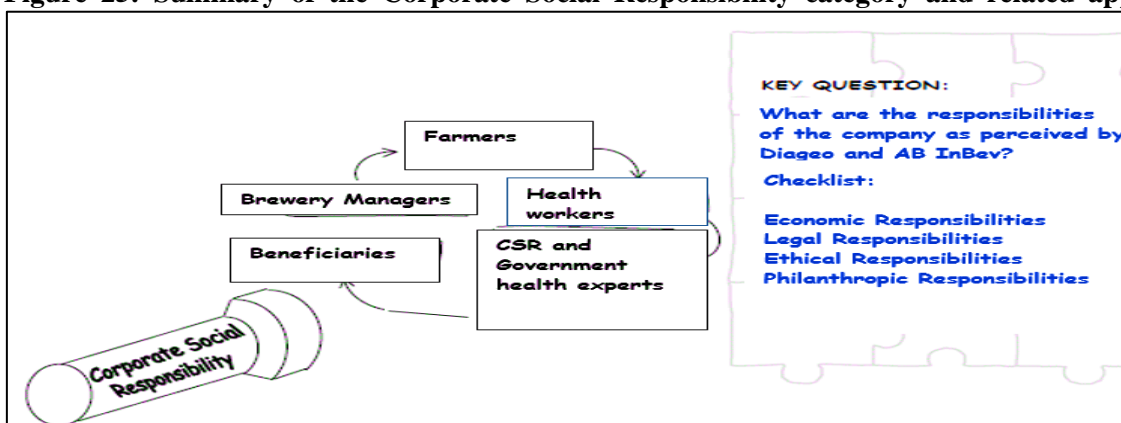
understanding CSR and describing *corporate social responsiveness*, in order to determine CSP. As described in Chapter 3, whereas Ten Pierick et al.'s (2004) framework is suitable for analysing the environmental, social and economic performance of a firm; it is not specific to health. Therefore, this research extends Ten Pierick et al.'s (2004) model by:

- i) Using the four level principles suggested by Carroll (1979; 1991), without the principles used by Wood (1991) and Ten Pierick et al. (2004). These are simply a summary of Carroll's (1991) *economic, legal, ethical* and *philanthropic* levels of CSR.
- ii) Secondly, the Sustainable Goals Development (SGD) matrix has been included, to analyse the specific contribution of the companies to HIV and AIDS mitigation. The four targets of the National HIV and AIDS Strategic Plan for Uganda, to meet SDG 3.3, are aligned against the perception of stakeholders, and data from company annual reports.

### **5.1 Corporate Social Responsibility (CSR): responsibilities of the firm as perceived by the breweries**

This section focuses on different perceptions of CSR reported by the stakeholders. It acts a foundation for the next section, which discusses corporate social responsiveness under Ten Pierick et al.'s (2004) model. Research (Carroll 1991; Crane et al. 2004; Ten Pierick et al. 2004; Asongu 2007b; Nkiko 2010) shows that it is important to understand how companies perceive CSR, because this informs their reason for engaging in it. Various definitions of CSR, from academia, organisations and companies, were listed in Chapter 3 (Section 3.1.1) before focusing on Carroll's (1991) pyramid as the most inclusive definition to suit this study. The figure below highlights the CSR category and the approaches, which will be discussed in this section.

**Figure 25: Summary of the Corporate Social Responsibility category and related approaches**



*Adapted from Ten Pierick et al. (2004, p. 40)*

Participants were asked to explain, in their own words, the meaning of CSR, and their responses are detailed in this section. The sub-sections below show brewery managers, CSR experts, beneficiaries and health workers' understanding of CSR. Whereas general answers including “*CSR is giving back to the community*”, were given by some participants to explain their understanding of CSR, managers' definitions were elaborate, as shown in the table below.

**Table 22: In your own understanding, what is Corporate Social Responsibility?**

Participants	CSR understanding and its interpretation by brewery managers-Diageo and AB InBev
<i>Diana, Luzira Kampala</i>	It is more than giving back to the community, it also entails being a good <b>corporate citizen</b> because CSR is more about the things that we give people like water, consumer education like we do, making people make responsible choices. That is what CSR is about. CSR is about the responsible manufacturing because what do we take back to the lake, for example? Is it dirty water or we make sure that it is cleaner? So yes, it is about community but it is more than community it is our processes, it is a holistic approach of being a good citizen and giving back to the community. Nevertheless, of course not forgetting the neighbour. How do you relate with your neighbour? That is also part of CSR.
<i>Kauki, Luzira Kampala</i>	It is when the company gives back to the community. Planting trees and giving water.
<i>Aida, Kapchorwa</i>	Companies are responsible for their activities like polluting the environment and water and so they carry out activities to. like solve them
<i>Joas, Kapchorwa</i>	Is where the company support the society in which it operates to work together for development
<i>Andrew Kampala</i>	It is giving back to the community. We are just a responsible company meeting the needs of some people who need support.
<i>Patrick. Luzira Kampala</i>	[...] anything that we do for the community that is not a commercial transaction is considered as CSR. Of course, here we use investment more than responsibility. Therefore, we talk more about <b>corporate social investment</b> and there is a slight distinction in the way we define it. The two are the same but slight.....We see responsibility more as the things we do within the brewery to promote <b>sustainable development</b> and things we do which are basically part of our business. So if we do an effluent plant that is not making beer but corporate social responsibility.
<i>Mulangira, Luzira Kampala</i>	CSR is giving back to the community. As a company, we have a project called prosper. We have a full agenda for health, the environment, and our people. We are responsible for our actions, for example, we treat our water before sending it back to the water body. Therefore, no one can come and say that we are polluting.
<i>Mutai, Kapchorwa</i>	It is when companies develop their communities and are responsible for the environment and other things like not hiring under age people to work for them.

Source: Field data

The descriptions of CSR in the table above show that despite working in two different breweries, the managers' perception of what CSR means to them is very similar. Six out of the eight managers above mentioned giving back or developing the community, three mentioned managing the environment, while all the participants mentioned activities they engage in as part of their understanding. In their definitions, managers introduce the concepts of 'corporate citizenship' and 'corporate social investment', which are used synonymously to mean CSR. This is no surprise, because various researchers in the reviewed literature tended to use these terms interchangeably as well (Wood 1991; Mele and Garriga 2004). This is in line with Crane et al.'s (2004) claim that, with the recent interest in CSR, scholars have used alternative concepts,

including corporate citizenship (Wood and Lodgson 2002), corporate investment (Smith 2011), and sustainability development (Marrewijk 2003) to suit it to their subjects.

In the second phase of the data collection, CSR experts Cedric and David were asked to define it, in order to contrast their ideas with the definitions of the participants above. Despite elaborately describing what CSR is, extracts from their definitions had phrases in common with those of the managers, including ‘giving back to the community’. Cedric mentions managing externalities, which is in line with managing the impact the activities of the companies have on society and the environment.

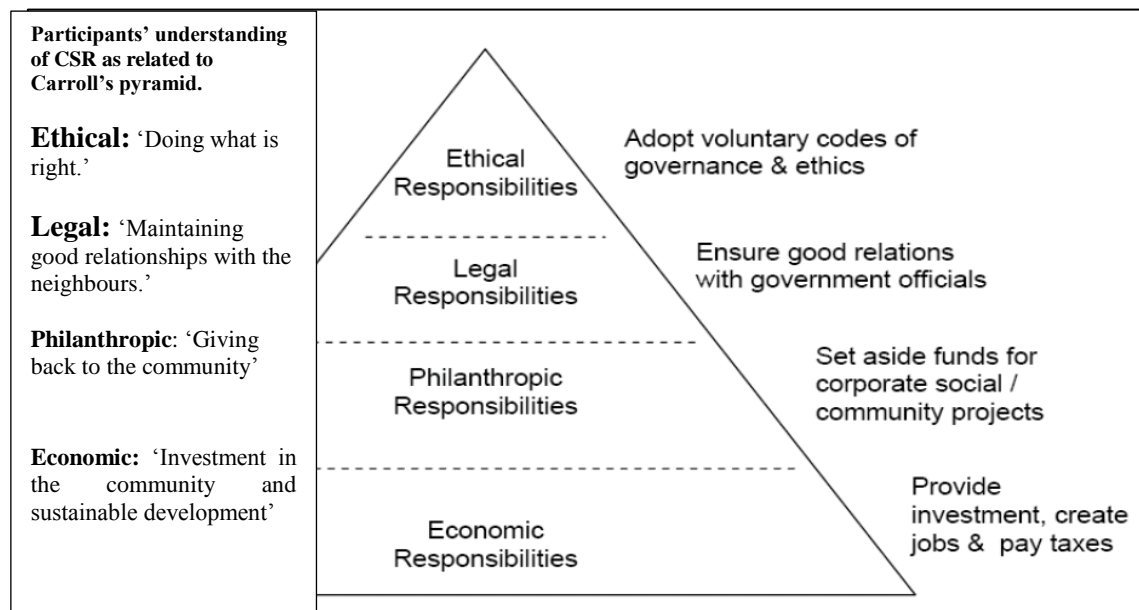
*“CSR is looked at as giving back to the community, but when you look at what companies do, and especially multinational companies, they do more than just giving back to the community, for example, there is strategic business engagement. The practice tends to differ from what they define it as. Others engage in strategic philanthropy strategic business engagements, other use it as a model of business growth and survival strategy” (David, CSR expert, Makerere Business School).*

*“It is a voluntary action, others look at as a philanthropic activity and others look at it as practices and values and because of... I mean when you look at someone like you, you have something that is inside you so you have to bring in your values and practices that is all attached to the definition, others look at it as managing externalities, and others, just like me, look at it as multiple stakeholder orientation. And then others bring in what Carroll looks at as the three pillars of CSR, which is Social, economic and the environmental matter which is teamed up to form the sustainable development element. Therefore, CSR has those six elements” (Cedric, CSR expert, UCCSRI Kampala).*

The definitions of CSR given by managers Diana and Mulangira in the table above is in line with those of the two experts, demonstrating that CSR is more than just the economic transactions a company engages in: it also goes above ethical expectations. CSR involves managing relationships with neighbours. Multinational companies tend to adopt aspects of CSR from their parent companies (Visser 2008); therefore, it is necessary to contrast participants’ understanding with the companies’ definitions and/ or business culture. Moan, Lindgreen and Swaen explain that the way management perceives its business and societal environment triggers the development and integration of a genuine CSR vision (2010, p. 15).

Sections 5.2.1 to 5.2.4 describe in detail the understanding of CSR alongside Ten Pierick et al.’s (2004) suggested approaches. The pyramid below is adapted from Visser’s (2008) discussion of CSR in sub-Saharan Africa. It is used to map out the participants understanding of CSR across the four approaches.

**Figure 26: Comparing participants' understanding of CSR to Visser's (2008) pyramid of CSR in Sub-Saharan Africa.**



*Visser (2008, p.489)*

The column on the left side of the pyramid shows the participants description of CSR, plotted against Visser's (2008) pyramid. As noted earlier, this study adopts Visser's (2008) pyramid for Africa (Figure 14, Section 3.3.1.3), because it best represents the CSR understanding of Uganda as a low-income country.

### **5.1.1 Economic responsibilities: investment in the community and sustainable development (SD)**

According to the CSR pyramid weighing and definition, the foremost responsibility of business is to be profitable, pay taxes and invest in the community (Carroll 1991). Visser (2008) explains that it is the foundation for the other responsibilities (*philanthropic, ethical and legal*). Findings show that along with the understanding that businesses need to develop the community and contribute to sustainable development, there was a focus was on the benefits that the company gets when they engage in CSR. This confirms the view (Freidman 1987; Carroll 1991; 2004) that companies engage in CSR for the benefits that it creates for the company. As noted in Chapter

2, and confirmed by Patrick, below, the two breweries are among the highest taxpayers in Uganda (Section 2.6.2), and employ thousands of employees globally, including in Uganda.

*“This is not a commercial transaction; it is nothing to do with our business. We really would not have to do it. We pay our taxes; we can explain how we contribute to society because we pay taxes. You know the brewers are the biggest taxpayers. Therefore, we could actually justify and say we do not owe the community anything because we pay taxes and if government is not using those taxes well, it is unfortunate. [...] Yes, we provide jobs; we do fair transactions through beer, through sorghum so? We do our part. Commercially we are covered but this is over and above all that. It is a feel good effect and it benefits our stakeholders”.*

Along with Patrick’s belief, participants’ expectations and responsibilities centred on sustainability and community development. Investment in the development of the community is in line with the breweries’ description of CSR in Chapter 3 (Table 10, Section 3.3.1.2). AB InBev states, *“we strive to empower communities to become stronger and more sustainable. As a company, we are committed to driving growth”*. Similarly, Diageo explains, *‘at the heart of our success in driving consistent top line, growth and margin expansion are people all over the world’*. Blowfield and Murray (2008) define Sustainable Development as economic, social and environmental growth, that meets the needs of present generations without compromising the ability of future generations to meet their own needs. Therefore, whereas companies are expected to contribute to economic development, the participants’ descriptions show that they are also required to ensure sustainable development. Managers (Andrew, Diana and Mulangira) mentioned that the breweries invest in the community to ensure society has access to various primary healthcare and other needs: for example, the provision of clean water, while ensuring that factory waste is not pumped back into water sources, in order to safeguard sustainable development.

#### ***5.1.1.1 Economic responsibility: the business case for CSR***

As mentioned earlier, the participants emphasised the benefits derived from engaging in CSR as part of the economic approach. What is interesting in this data is that the eight managers placed significant importance on the benefits of engaging in activities targeted towards societal development and meeting stakeholder expectations. This section discusses findings on the perception of participants, that engaging in activities to support stakeholders, managing their expectations, and avoiding a negative reputation brings them a variety of benefits. Researchers



describe some of these benefits which accrue to companies as a result of engaging in CSR, including competitive advantage (Porter and Kramer 2006), brand passion and growth (Haigh 2004), enhanced reputation leading to overall improved performance of the business (Famiyeh et al. 2016), and more. According to Blowfield and Murray (2008) the expectations and intentions of businesses are varied and complex. In this study, the benefits described by managers and CSR experts are in line with those of the researchers above. They noted that companies benefitted from investing in CSR activities, ranging from building and protecting the company's reputation, brand affinity, cost savings and licence to trade. Geoff, a health worker at the AB InBev clinic in Mbarara, elaborates this, saying, *"Everything we do is basically on how to maintain the market place. It will help us stay longer, help in promoting the brand."*

These benefits direct the company's decision to engage in CSR, and which activities of it to engage in. This contradicts findings (Bakojja 2012) that breweries in Uganda are mainly induced to engage in CSR to support and develop the communities in which they operate. Nevertheless, themes on the benefits that motivate companies to engage in CSR have been categorised as follows:

- i) Reputation,
- ii) Competition
- iii) Licence to trade
- iv) Business growth and development

As discussed below, the themes developed from the participants' responses, rather than being predetermined from the literature review. The data used was therefore deductive, rather than inductive.

#### **i) *Reputation***

In their research, Famiyeh et al. (2016) demonstrate that there is a positive relationship between a firm's reputation and product and service quality, and management performance. Porter and Kramer (2006) add that reputation attracts sympathy from the consumers, and this brings the company product buy-in. The effect of reputation on an organisation is two pronged, as indicated by Fombrun (2005); that companies that engage in CSR build a good reputation, whereas companies that do not demonstrate this commitment risk losing their reputation.

Katamba et al. (2010) find that in Uganda, companies that engage in CSR have a good reputation. Participants mentioned protecting the image of the company as a motivation to engage in CSR: for example,

*"[...] our MD always has a saying that, 'if you have a beautiful perfume then people want to be next to you but if you smell bad, nobody wants to be near or associate with you.' So I think it applies that if you have a good reputation, there is a link between how you perform and how people perceive you...Because if they think that you are sending in dirty water to Lake Victoria, if I am a consumer I would wonder, 'What other corners are they cutting when they are making my beer?' So reputation is really important" (Diana, Diageo manager).*

Similarly, Andrew adds,

*"It is for reputation. It was not even planned that way that we sought reputation, but because we were taking so much water we needed to give back and therefore we gave people clean water. In fact that is why you may find that the farming communities benefited, because we were giving to communities that had no water and they needed it".*

CSR expert Cedric asserts, *"In my opinion, companies do all this (CSR) to look good."* The participants' statements on reputation indicate that companies may be coerced into engaging in CSR activities to build a reputation as a responsible company. The importance of a good reputation is indicated by the fact that on their websites, businesses show the various awards and accolades that they have won. Reputation has also brought the companies some benefits as, one of the managers recalled,

*"So for example, the Diageo Africa president and other executives went to one of the areas that I will not disclose where Diageo wanted to put a brewery. So one of the guys there had heard about our water for life project. He had seen it in the news, so of course, we are not in there but he had heard of it. So he recognised the company, what we are doing. So you find that the activities have made the company to be recognised the company is known through that and that is good thing. The CSR activities make the company recognised. It is good because it has accepted us to do" (Andrew, Diageo manager).*

This indicates that Diageo has received market entry into communities where the company does not currently operate because of engaging in CSR. Market entry, as discussed in Chapter 3, is one of the reasons multinational companies (MNCs) seek to engage in CSR activities. Jackson (2004) explains that companies need to realise that reputation is built over a period. He gives an example of Merck, a UK pharmaceutical company which took antibiotics to Japan in order to treat tuberculosis, which was rampant and killing thousands, after the Second World War. This created a lot of goodwill for the organisation and consequently aided their subsequent entry into this market.

Related to market entry, the researcher notes that in her response to the practice of supporting farmers' livelihoods by setting up boreholes to enable access to clean water, Diana said:

*"They can drink your beers, you know they consume mostly those rural brands (illicit/ home-made brew) but even then, there is no distributor there. You know our distribution issues, especially in those areas. There is no distribution point so we support them and they know we are there".*

This relates to Jackson's (2004) explanation, because Diana says that the company's presence in the communities is a way for farmers to know that they are there, and so create goodwill.

## **ii) Competition**

Diageo and AB InBev operate in a highly competitive environment, especially with the availability of cheap and readily available illicit brew. Patrick (AB InBev) explained that beer sales in Uganda were only 15% beer drunk by volume in the 2014/2015 financial year, and the rest was illicit brew; and yet the social and health problems created by alcohol are blamed on the brewery. The Uganda Alcohol Industry Association, under which most of the companies fall, ensures that competitors are treated in a fair way. This involves fair marketing and fair pricing of alcohol. The participants noted that illicit brew was a problem, but did not mention it as a factor influencing them to engage in CSR. Similarly, under the heading of competition between the two breweries, no rivalry was noted, but keen observation by participants of company activities. One of the Diageo managers, Kauki noted that AB InBev encouraged Kapchorwa farmers to grow more barley, but did not purchase all of it, and this affected them adversely.

## **iii) Licence to trade**

The phrase, 'Licence to trade' was mentioned several times by participants including managers, two of the health workers (Nassuna and Geoff, AB InBev clinic), and one beneficiary (Mutesasira) to explain the motivation of the breweries to engage in CSR. As indicated earlier, a causal link between the companies' product (alcohol) and negative social and health issues may prompt companies to engage in CSR activities to mitigate these issues. The companies are aware that alcohol is a very sensitive commodity that has been associated with diseases like cancer

(Diageo 2015). Similarly, on their website AB InBev acknowledge that the alcohol industry is under scrutiny,

*The harmful consumption of alcohol remains an issue of significant concern - to governments, society and AB InBev. [...] Our sound principles are backed by programmes to reduce the harmful use of alcohol (AB InBev 2014).*

Participants acknowledged that products like alcohol, tobacco and pharmaceutical drugs are under great scrutiny in Uganda, more so since the tobacco factory in Uganda was closed, causing suppliers, employees and partners to lose jobs and money,

*"[...] so it is creating that licence to operate as a responsible citizen, and also about the licence it is also about the self-regulations. Things like; do not drink and drive, do not sell to under age. It very difficult for someone to come and close you down when you are not toeing the line. So CSR is really about the licence to trade and still selling the sustainability of your company. Because if you work irresponsibility. I mean we always talk about drink driving and people wonder why do you run that campaign because when people drink and get drunk you get more money. But the issue is when people drink and die then you have lost a consumer. So that is the simplistic argument that I can give but also if you are working and you are drawing your water from Lake Victoria and you are not taking care of it..." (Diana, Diageo manager)*

The above quote paints the portrait of a rather passive business. Companies are aware that not just government and NGOs but also their stakeholders are critical of the their activities. This ties into issues management as stated below, and the breweries need to mitigate problems before they affect the company negatively.

#### **iv) Business growth and development**

Katamba et al. (2010) in their research found that companies in Uganda do not engage in strategic but rather philanthropic CSR. However, the findings of this study have shown otherwise. It is evident that the nature of CSR is evolving, and more businesses are engaging in CSR for the benefit of the company and their stakeholders. Findings point to the fact that CSR activities along the brewery supply chain are focused on increasing the productivity of the stakeholders as well as enhancing their purchasing power. As detailed by an AB InBev manager's assertion:

*"So from purely even the business angle you can find a lot of reason to make the communities to thrive. We need a sustainable supply chain for grain. And also we need consumers who have affordability in their lives. So how could you have a better proposition than that? First you need to get enough inputs and if you have people who are not able to give you the input either because they are sick or they are not organised, then certainly your supply chain is in trouble and our costs are being impacted. Above all you need to get people to consume the product and they must have the*

*purchasing power. So if they have no purchasing power then the product is dead and actually you know how much Eagle and Senator grow, or you knew when you were still there. Because of more people being able to afford in rural areas. So the rural wealth is very good for beer in fact the best beneficiaries would be beer” (Patrick. Manager. AB InBev)*

Similarly, health worker Mutesasira reasons that,

*“[...] It involves very many things. From the business perspective, it involves very many things. Someone is saving the business continuity and licence to trade. There are so many things because even the employees. They are protecting their labour. So at the end of the end of the day in as much as you are trying to appear to create a good image they are also looking at other things, they are looking at the benefactors, the employee is happy, he is working and he is basically you know” (Mutesasira, health worker. AB InBev)*

Mutesasira’s perception is in line with Haigh’s (2004), argument that companies, particularly MNCs, use CSR as a way of turning the societies in which they operate into consumers. The above quote indicates that by supporting farmers and creating better livelihoods, AB InBev is creating a consumer base for their brands. Similarly, in the case of Diageo, Diana emphasises that the responsible drinking campaigns target consumers, because when consumers drink responsibly as a result of these campaigns, the brewery is sustaining their consumer, and thus their business. Porter and Kramer (2006) and Asongu (2007) argue that the financial growth of the company should be at the forefront of any business objective, to ensure survival. The researcher notes that Katamba et al.’s (2010) study was on a larger cohort of companies, both local and MNCs. It is also noted that the companies in this study are MNCs, and therefore may adopt the values and objectives of the parent company, as discussed in Section 5.3.3.2.

Another pertinent factor mentioned in several interviews that makes CSR relevant is the creation of brand affinity among consumers. In this research it was referred to as brand passion by Patrick (manager, AB InBev). It was noted that whereas AB InBev uses its brands along with, and to promote, their CSR activities: for example, their project to support farmers by using local raw materials is named the ‘Eagle project’, after their low-priced consumer segment Eagle lager (AB InBev 2014), Diageo managers ensure that the two are kept apart. An example of this is Diana’s (manager, Diageo) comment that, *“we do not mix brands with CSR issues”*, when asked whether CSR activities can be used to promote the company’s brands. However Augustine (health worker) argues that companies that engage in CSR and do not show their stakeholders what they are doing are not reaping the full benefits of their philanthropy.

Despite the evident effort by breweries to make their activities known to their stakeholders in order to attain consumer buy-in, findings show that whether the breweries aligned their efforts to their brands, as in the case of AB InBev, or chose not to mix the two like Diageo, the beneficiaries interviewed could not tell the breweries' brands apart. For instance, both Cheptai and Wokuri (farmers) indicated that they drink beer but they do not know which company makes it. Similarly, Kajumba, a health worker at St Francis, stated that with alcohol, consumption is about personal preferences, and not because the breweries were supporting the people who consumed it. Mele and Garriga (2007) confirm that companies which focus on engaging societal demands into their business operations are in line with integrated CSR. Although managers and beneficiaries stated that there was no link, CSR expert Cedric insisted that the breweries engage in CSR to obtain the benefit of persuading consumers to try their brands. He explained that:

*“Of course this is a business, why else would they advertise these activities? It is for the people to see what they are doing and they begin drinking the beer. You must also use your common sense, the companies use money to run these activities, they need something in return and if it is not financial return is some from reputation” (Cedric, CSR expert).*

The table below is an extraction from the group interview with beneficiaries in Mbarara.

**Table 23: Extract from the group interview with beneficiaries in Mbarara- Kakyeka**

<p><b>Researcher:</b> In your opinion, do you think people drink this brewery's products because of the contribution they are making to society through these CSR activities and because of the services that they are providing?</p> <p><b>Participant 2:</b> No, no way.</p> <p><b>Participant 3:</b> No</p> <p><b>Participant 5:</b> To some extent, yes, but to a bigger extent it is because of the quality.</p> <p><b>Participants (more than one speaking at once):</b> Yes, the quality is very good. They take it because of the quality.</p> <p><b>Participant 3:</b> And may be the taste, this Senator special is sweet so it is not enjoyable. May be Pilsner.</p> <p><b>Participant 6:</b> Man, some of the brands are strong and that is good, you spend less. Or you buy less.</p> <p><b>Researcher:</b> OK, like which ones?</p> <p><b>Participant 3:</b> Actually, all the brands we take are strong; Eagle, Redtop, and they are good quality. Sometimes Smirnoff.</p>
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### 5.1.2 Philanthropic/ discretionary responsibilities: giving back to the community

Katamba and Gish-Boie (2008) in their research, found that managers in Uganda have a limited understanding of what CSR entails, and refer to it simply as ‘giving back to the community’. However, whereas the plethora of meanings used by participants in the study indicates otherwise, findings show that, ‘giving back to the community’ was the most frequently used phrase to describe CSR. Emphasis placed on the contribution to the ‘community’ is important, because, as discussed in Section 5.3 below, the community is a collection of various stakeholders. As discussed in Chapter 1, Visser (2008) argues that in low-income countries like Uganda, charitable activities of giving are the most common form of CSR, especially among MNCs (Figure 4). Additionally, research conducted in 50 companies in Uganda by Katamba et al. (2007, p.45) found that CSR is defined by the activities that companies engage in, and these are primarily philanthropic. Annual reports from both breweries show strong evidence of giving, and this is mentioned under the terms, ‘contributing in a meaningful way’ and ‘driving growth and improving lives’. Similarly, beneficiaries explained CSR on the evidence of results and/ or material resources donated by companies, and hence their emphasis on ‘giving’. Therefore, when Diageo and AB InBev train farmers in good farming practices, and/ or provide a ready market for their harvest, the beneficiaries do not consider this CSR. The extraction below from Farmer1’s (group interview) comparison explains this.

*“Why is the brewery not doing like these people of MTN<sup>12</sup> in Mbale (neighbouring town to Kapchorwa)? MTN gives poor people things. Yes, but why doesn’t the brewery support people like these who have no support? They need help, maybe give them food and other support. Not everyone can work in the farm. Some of these boys have no jobs” (Farmer 1, male. Kapchorwa).*

CSR experts largely associated this theme with philanthropy because it involves charitable donations within the community.

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<sup>12</sup>MTN is a South African telecom company operating in most African countries. As part of their CSR activities, builds houses for poor people under their partnership with ‘Habitat for humanity’ project (MTN 2013). Such CSR activities of philanthropy are popular, especially among poverty stricken communities in Uganda.

#### **5.1.2.1 Defining CSR by practices and activities that companies engage in.**

Related to discretionary CSR, findings of this study show that the most common way of describing and defining CSR was by mentioning the activities that the companies were engaging in. What stands out is that company managers from both breweries described their activities as a way of defining CSR. This is not surprising, because even in their description of what CSR is, both breweries make mention of the activities they engage in in their reports: from water projects and education to improving livelihoods and promoting responsible drinking. Sheehy (2014) states that the activities of CSR that companies engage in tend to inform the managers and employees' understanding of it.

*“So if we do an effluent plant; that is not making beer but corporate social responsibility”  
(Patrick, male manager, AB InBev).*

*“CSR is more about the things that we give people like water, consumer education like we do, making people make responsible choices” (Diana, female, manager Diageo).*

The emphasis on the CSR activities that companies engage in was noted as the most common way other participants (other than managers and CSR experts), for example farmers and health workers, could identify what CSR is. The participants were able to relate what they meant by CSR by relating it to activities that the company was engaging in. For example, Nyakato, a health worker at the AIDS Information Centre in Mbarara, explained that AB InBev, by facilitating nurses to go into the community to carry out voluntary counselling and testing on outreach HIV programmes was carrying out CSR. Similarly, Mutesasira, a beneficiary, said that CSR involves the brewery going into the community to do things like plant trees and dig boreholes that are used by local people.

#### **5.1.3 Legal and ethical responsibilities: ‘Doing the Right Thing’**

According to Carroll (1991), a company is given power by society to manage their activities and Crane et al. (2008) refer to this as a ‘social contract’ between two parties. The law is “*society’s codification of acceptable and unacceptable behaviour, and companies are expected to abide by the laws and regulations set by federal, state and local governments as the grounds under which business must operate*” (Carroll 1991, p. 42). Carroll (1991; 1993) explains that companies need to recognise that corporate integrity and ethical behaviour go beyond mere compliance with laws and regulations. On the other hand, ethical responsibilities encompass standards, norms, or



expectations that reflect a concern for what consumers, employees, shareholders, and the community regard as fair, just, or in keeping with the respect or protection of stakeholders' moral rights. Despite this stated difference, findings show that these meanings were intertwined, and it is evident that the ethical expectations were mentioned more than the legal responsibilities. A number of participants linked CSR to 'doing the right thing', by mentioning the environment, community and water resources that companies are expected to protect (Mutai, Aida and Kauki). This indicates the importance of individual, company, and community beliefs and values, as stated by Cedric (the CSR expert quoted above). The managers' understanding is in line with the definition in the annual statements by the companies, indicating that they saw themselves as accountable for the impact of their activities. 'Doing the 'right' thing' is used synonymously with the *ethics* as well as the *legitimacy* principle (Ten Pierick et al. 2004), and this is can be seen as the second tier of Carroll's (1991) CSR pyramid. It is also similar to Velasquez' (1999) definition of ethics, that states:

*"It is the companies' consciousness or concern of judgements involved in moral decisions; normative judgements which state or imply that something is good or bad, or right or wrong"*  
(Velasquez 1999, p.45)

This concern of the companies to be 'doing the right thing' is evident in the participants responses on their expectations of the companies: for example, "*managing the environment*" (Turyahika, district health officer, Mbarara, Mutai, Aida)', "*responsibility to the community*" (Kiprotich, male, district biostatistician, Kapchorwa), '*responsible manufacturing*' (Patrick, manager AB InBev)', "*managing the communities in which they operate*" (Kauki, manager Diageo).

The concept of doing the right thing was evident in managers' assertion that CSR involves managing relationships with individuals at work and in the communities, as well as improving the societies in which they operate. In the findings, whereas it is evident that participants expect companies to do what is 'right', there were no clear quantifiable or measurable parameters for these activities. Therefore, companies have the option to decide the degree to which their choices of what to engage in is 'right' to meet stakeholder demands. This substantiates the assertion by Cedric (CSR expert) that CSR in Uganda is a voluntary activity, which companies choose to practise or not, and if they do, which activities to engage in. Additionally, Nkiko (2010) deliberates that CSR in Uganda is reactive, and companies engage in it to counteract the negative impacts of their activities.

The plurality of participants' perspectives on the meaning of CSR contributes further to widening the gap in understanding of what CSR actually means. In line with Carroll's general interpretation that it encompasses the legal, economic, ethical and discretionary duties of a company, findings show that it is understood as the expectations and responsibilities of an organisation towards its stakeholders. Further, CSR expert Cedric explains that in Uganda, it is not understood as a single concept of sustainability, but rather as various aspects, that may influence the company's decisions and activities. Similarly, another expert elaborates:

*"Others bring in what Carroll looks at as the three pillars of CSR which is social, economic and the environmental matter which is teamed up to form the sustainable development element". (David, CSR expert, Makerere)*

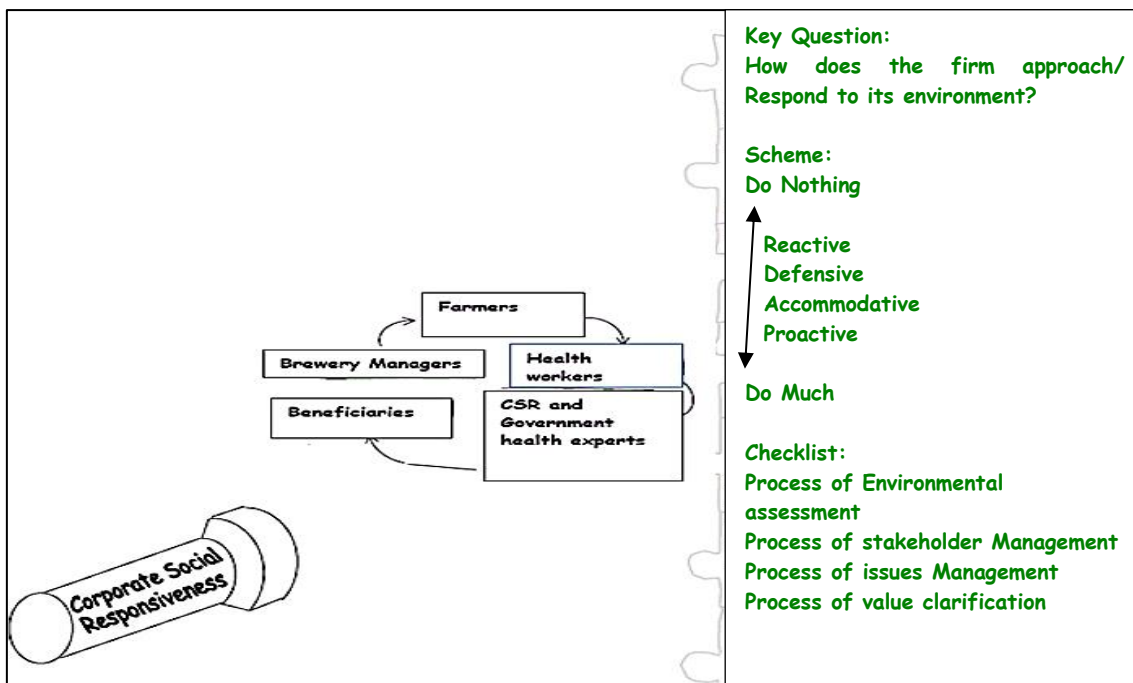
The range of CSR definitions discussed in this section indicate that the breweries are aware and responsive to the perceived responsibility that they have towards their stakeholders; and therefore they engage in CSR to meet these objectives. It also evidences that stakeholders, for example health workers, beneficiaries, and government officials, are more aware of the responsibilities that companies have towards individuals, the environment, and the community. Nevertheless, Moan, Lindgreen and Swaen (2009) suggest that the managerial understanding of CSR can be characterised under reactive CSR (external pressures) or proactive CSR (company values). This section shows that the breweries are responsive to the needs of their society because they are aware of what the stakeholders' perceptions are. This study also show that there is a major emphasis on the ethical expectations of breweries to do what is right.

## **5.2 Corporate Social Responsiveness: motivations to engage in HIV related CSR activities.**

The previous section examined the meaning participants attach to CSR. The major principles advanced in Carroll's (1991) definition were evident in the participants' understanding of the concept. Findings of this study show that respondents' perception of CSR is mainly to do with the activities that companies engage in that are visible and tangible to companies, communities and individuals, and this explains why philanthropy (giving back to the community) is the most common understanding of CSR. In seeking to investigate the contribution that alcohol

companies make towards mitigating HIV and AIDS in Uganda, it is useful to first consider notions of what motivates them to respond to this challenge. Using four approaches under corporate social responsiveness highlighted by Ten Pierick et al. (2004) in the CSPF (Figure 28), this section shows the interest of companies to engage in HIV and AIDS related CSR activities. The theoretical framework enabled the researcher to organise these different motivating factors, as described by participants, through the approaches of *Environmental Assessment*, *Issues Management*, *Public Responsibility*, and *Stakeholder Management*, in order to deliver them in a coherent format. This is followed by a discussion on the continuum of responsiveness.

**Figure 27: Summary of the discussion on Corporate Social Responsiveness, category and approaches**



Adapted from Ten Pierick et al. (2004, P.55)

### 5.2.1 Environmental assessment

Ten Pierick et al. (2004) explain that companies are expected to scrutinise the environment and identify those issues that may affect the company or their stakeholders. The focus for the assessment is on the environment as well as the issues may be as a result of the impact of the

companies' products or activities, or as a result of issues arising in society. Other approaches under this category, including issues management, stakeholder management and value clarification, embody this environmental assessment (Ten Pierick et al. 2004) and therefore this was integrated into the categories below.

## **5.2.2 Issues Management**

As discussed in Chapter 3, issues management is the process by which companies identify and resolve issues before they negatively affect their profits and/ or reputation (Wood 1991). This section will detail the participants' perceptions on the issues that influence the companies to engage in HIV-related CSR and these include the increasing prevalence of HIV in the areas of study, the impact of HIV on the brewery stakeholders, and the issue of alcohol abuse related to HIV.

### ***5.2.2.1 Increasing prevalence of HIV in the study areas.***

Uganda has suffered the brunt of the HIV epidemic, and this has been indiscriminate across various sectors. As mentioned in Chapter 2, businesses in Uganda have not escaped, especially since they need to meet the cost of the treatment and also lose time and money when an employee is off sick. All participants interviewed in the different areas indicated that they have either experienced and/ or are aware of the issues surrounding HIV and AIDS. Participants, including the beneficiaries, mentioned that they were affected by the epidemic because of a family member, friend, partner or neighbour who either has HIV, or has died from an HIV related illness. The commonly used name to refer to HIV and AIDS in Uganda is '*silimu*' (Slim<sup>13</sup>), and this was used frequently by participants. As already stated, the study sites, including Kapchorwa, Jinja and Mbarara were selected for the study because Diageo and AB InBev engage in CSR activities there. Kampala (Luzira) was included because the breweries administrative offices are located there, and therefore it is where most managers' interviews were conducted. Findings show that the rate of HIV prevalence in the selected areas of study was growing, as it was in other parts of

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<sup>13</sup>'Slim' derives from the observation that AIDS wastes the body, leading to weight loss in the patients (Parkhurst 2011).

Uganda. The growth of industry and tourism, and the opening of new universities, have resulted in both Mbarara and Jinja becoming hubs for social activities such as nightclubs and bars, which attract people from all over Uganda. Although Kapchorwa, unlike Mbarara and Jinja, is fairly rural and isolated, with a less active social life, there is early indication of an increase in prostitution, due to the new road that connects Kapchorwa to Mbale and Kenya. Responses from company managers show that they are aware of the rising HIV rates in their communities, and that they have not only been affected as individuals, but that the companies have as well. Patrick, a manager with AB InBev, explains that:

*“Look, first of all when we started the farming programme,[...] in the early 2000s, much of it was in Eastern Uganda where Sorghum grows because it is a semi-arid crop. This area was smarting from war and all kinds of tragedies. Therefore, people were so poor and of course, the health system was broken. So we deliberately wanted to make sure that these farmers must be healthy. HIV was ravaging everywhere so one of our major entry points for health was really HIV. And you know HIV has associated ills of malaria, poor reproductive health so all those add on to the programme we selected for CSR” (Patrick, AB InBev).*

HIV prevalence rates, along with the poverty-stricken state of farmers, further contributes to Visser’s (2008) findings that MNCs are influenced to engage in CSR because of the poor social-economic status of low-income countries. Farmers are the primary suppliers of the breweries’ raw materials for beer and other alcoholic drinks, and therefore are arguably a major stakeholder in the breweries’ supply chain. Patrick’s comment shows that AB InBev deliberately selects CSR activities in line with their stakeholders’ needs and company productivity. He seems to imply that supporting the health of farmers was an entry point for the company into this community, a reason, which according to Mitchell et al. (1997), is one of the major influencing factors for MNCs’ engagement in CSR. On the other hand, health workers Augustine and George explain that after identifying a need in society because ‘community was sick’ in Jinja, AB InBev had to do something.

*“This clinic opened up in 2006. Now, that is not when HIV started but at that point, it was killing millions of people. We had a lot of stigma too. Those days were bad. The clinic was opened and was mostly for staff at first, but eventually we trained peer educators who would go out to the village and create awareness on HIV” (George, male health worker. Jinja)*

George’s quote shows that AB InBev made a deliberate choice to support the community. This explanation appears to be in line with Wood’s (1991) and Ten Pierick et al.’s (2004) continuum

of the responsiveness of an organisation (Section 5.63); which links to whether CSR is responsive, reactive or defensive.

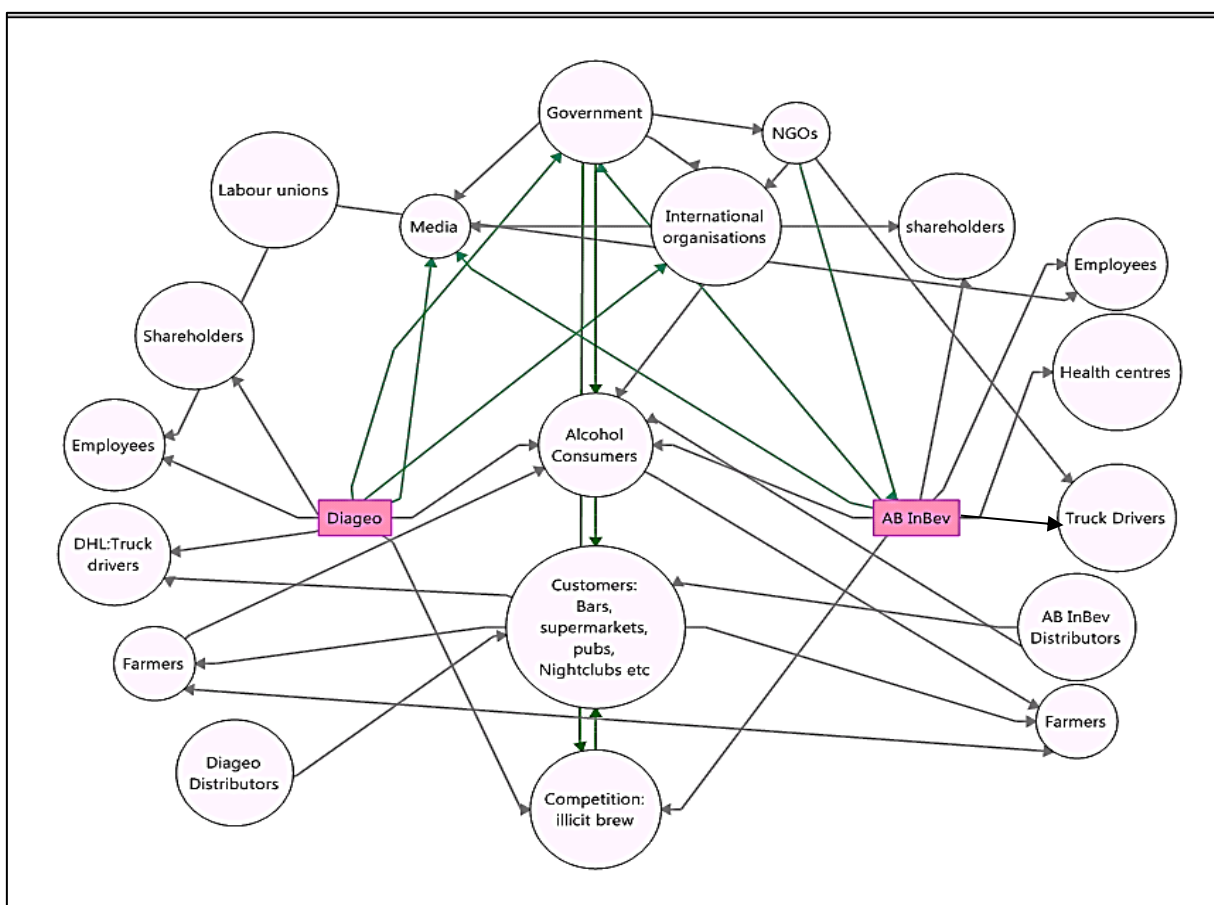
### **5.2.3 Stakeholder management (SM)**

The stakeholder management (SM) approach is the most commonly adopted among scholars and organisations when discussing the motivations for, the activities of, and the impact of, CSR (Nkiko 2010). Scholars (McWilliams and Siegel 2001; Matten and Crane 2005) recognise that there are increasing internal and external pressures on businesses from different stakeholder groups to meet their social and environmental goals through embracing CSR practices. According to Buchholz and Rosenthal (2005), scholars tend to misunderstand exactly which individuals qualify as stakeholders. Therefore, the first stage of interviews for this study (see Chapter 4) was helpful, because the researcher, with the help of brewery managers, identified and mapped the breweries stakeholders. The main stakeholders mentioned by the managers were those along the breweries' supply chain, as discussed below. On further probing, other stakeholders who work with the breweries were mentioned, including government, media and Non-Government Organisations (NGOs), among others. This section describes findings on these identified stakeholders, and the perceptions on how each category influences the breweries to adopt HIV-related CSR activities.

Findings show that firstly, in both case studies, the internal and external stakeholders catered for by the CSR activities of the companies indicate that the customary circles of stakeholders originally advanced by Freeman (1987) have changed and expanded to include society, government, NGOs, and even the competition, among others. Secondly, stakeholders are not specific to a single brewery, and belong to more than one stakeholder group. As depicted in Figure 16, in Key's (1999) adaptation of Freemans (1987) stakeholder map, the supply chains are permeable. Under alcohol consumption, findings show that stakeholders along the supply chain, who were interviewed in the category of managers and farmers, were found to be consumers as well. Farmers (Cheptai, Wokuri, Simiko, Pinto and Chep), health workers (Mutesasira, Nyakato and Kajumba), employees (Andrew, Mutai, and Kiprotich) and truck drivers, mentioned that they enjoyed the brewery brands in their leisure time. On the other hand, it was also found that brewery managers were doubling as suppliers: for example, Joas (Diageo,)

and Mutai (AB InBev), were active barley farmers, supplying the breweries. Moreover, on stakeholder partnerships, organisations, including government, NGOs and international organisations influence decision making in both breweries' operations, and therefore are considered stakeholders by both companies. Lastly, as stated by Kauki (Diageo manager), some farmers cross sell to both breweries, and therefore belong to both companies' supply chains. Further, both breweries suffer the burden of competition from illicit liquor; and homemade brews affects the sales, market share and reputation of both breweries. The figure below shows the interconnectedness of Diageo and AB InBev stakeholders, using Key's (1991) map.

**Figure 28: A Diageo and AB InBev adaptation of Key's (1999) stakeholder map**



*Compiled by author*

This implies that when AB InBev engages in CSR activities to support their farmers, the Diageo farmers benefit as well; and this applies to consumers, bar owners, government and other stakeholders. This is indicated by Diana (Diageo manager) who says that:

*“When we train farmers, we do not discriminate. Alternatively, when we dig a borehole in Kapchorwa, all farmers use it. We do not say that it is for UBL (Diageo) only. It is for the community”.*

The multiple and shared nature of the breweries’ stakeholders ties into Maloni and Brown’s (2006) contention that researchers have generalised the elements (including employee health and training, workplace diversity, health and safety, and community issues such as hunger and homelessness) that characterise supply chain CSR in all industries. However, the authors caution researchers to tread carefully, because generalisation does not cover all companies. As seen in Chapter 6, the breweries engage in similar activities but the focus is trained on different stakeholders. The section below details the breweries’ interest in engaging in CSR to meet the needs of their stakeholders.

Rather than focus on specific issues that affect the community and organisation, or on generic matters as dictated by public responsibility, stakeholder management orientates towards managing the broad range of people who affect and/ or could be affected by the breweries’ policies and practices. Findings show that the common denominator in the understanding and motivation of companies to engage in CSR is ‘people’ and particularly those along the breweries’ supply chain. This follows Phillips et al.’s (2003) explanation that the first central goal of stakeholder management is to achieve maximum overall cooperation between the entire system of stakeholder groups and the objectives of the corporation.

### ***5.2.3.1 Supply chain management***

Also referred to as the ‘value chain’ by Patrick (AB InBev manager), the supply chain is made up of a number of stakeholders. Patrick explains that it is through their value chain that AB InBev displays their sustainability goals, including reflecting their values and commitments. He explains why below:

*“[...] much of the financial contribution is really around the value chain infrastructure that we have because I am sure you know how powerful the value chain of beer is. Perhaps it is the most powerful chain in the fast moving consumer goods industry. I am not sure about the colas [...] but I am sure that they have a strong value chain as well. Because the colas are a soft drink product, which are often integrated with other merchandise in the supermarket. They sell themselves. Beer is so unique, the way it has to be sold. And so there is a full infrastructure that*



*we establish both for the input and the output. In terms of getting the raw material and then delivering the finished product to the consumer” (Patrick, AB InBev)*

This is echoed in the Diageo annual statement (2014): that each stage of the supply chain, including farming and production of ingredients to the manufacture of beer, and even distribution of marketing materials or merchandising, has impacts on their stakeholders and environment.

Findings drawn from the interviews show that depending on their department and operations, brewery managers tended to place emphasis on particular stakeholders. Agriculture managers (Kauki, Mutai, and Joas) and sales manager (Andrew) placed the emphasis on farmers as the important stakeholders, whose expectations had to be met in order to ensure that the company gets quality raw material. On the other hand, Mulangira (corporate manager, AB InBev) focused on bar staff and the owners of hospitality outlets, and the importance of teaching them about responsible drinking; and Patrick discussed farmers, consumers and other customers. This variation in different managers’ of which stakeholders to prioritise confirms the assertion by Freeman et al. (2010) that companies are faced with the challenge of meeting different stakeholders needs at the same time. It also confirms the choice, for this study, of interpretivist epistemology, because as expressed by Bryman (2012) and Yin (2014), knowledge is mediated experience, and therefore participants act based on how they interpret their environment. The stakeholders’ (farmers, truck drivers, employees, bar owners, consumers and shareholders) influence is described in detail in Appendix F

#### ***5.2.3.2 The role of parent companies.***

As MNCs, Diageo and AB InBev have a duty to demonstrate that their operations around the world follow the principles of business that the main company holds, and this includes reporting activities and following legal regulations, as well as managing their stakeholders’ expectations (Carroll 1991). CSR expert Cedric explains that:

*“Most of the time there is a requirement to be ethical even along the supply chain. So these companies, and especially multinational companies, are scrutinized. If Diageo in Uganda is not doing anything about its suppliers, there is a Diageo in the UK that runs it, and so if there is bad publicity for Diageo in Uganda it impacts on Diageo in the UK, so they have to ensure that they look good”.*

In addition, the values that the companies hold influence the activities of CSR that they engage in, and in MNCs, these values and objectives will usually be those of the parent company. Managers Mulangira (AB InBev) and Kauki (Diageo) constantly mentioned company values as a guiding factor for the activities that they choose to engage in. This is evident in Patrick's (AB InBev) statement:

*"We do those activities because we first of all fundamentally, we are part of a multinational and that multinational has got philosophies, believes in sustainable development strongly, and so again you can go to our AB InBev website and you can get the details of this sustainable development principles and priorities. ... We call it or our theme this year is 'Prosper'...Our SD theme is Prosper. The first one is anchored around having a thriving world. It is part of what we do as a group across the world to create a thriving world. There are so many other things being done in other markets but here this is our contribution to a thriving world. A Thriving Uganda. So it is crystal clear"* (Patrick, Manager, AB InBev. Kampala)

Similarly, for Diageo, Diana indicates that,

*"[...]Our activities are routed in the company's foundation so we follow Diageo principles but we have got to localise them to suit the community. It is linked but Diageo will give you a headline that our target is water, and because water is really part of our livelihood but how you implement it here is different. You have to localize it. So is it water harvesting? Is it borehole? What is it? The other thing is also as I said we have guidelines so we do not support any programme. We will not go supporting girls' education of under 18 because they are still young and we don't sell alcohol to children. Therefore, we have a guideline of what we can and cannot do. So we get proposals from people and we have these on the website. We have them on the EABL website. That if you are in this area you can always apply"* (Diana, manager, Diageo)

This is reflected in the work of Mzembe and Downs (2014) that, taking into account the values of the parent company, the subsidiary must engage in activities that are in line with the societies in which they operate, adopting local norms and local stakeholder expectations. This may explain the difference in the stakeholders that Diageo and AB InBev choose to support in their CSR activities. As noted earlier, both companies engage in HIV and AIDS related CSR projects, but AB InBev has more projects and a wider coverage of stakeholders. As MNCs, findings show that the values of the breweries are influenced by two themes origin and company structure.

Andrew, a brewery manager, when asked why Diageo does not do more to support the cause of HIV and AIDS, insisted that the activities that the breweries choose to engage in, as well as the choices of stakeholders they support, depend on the needs of the parent company.

*"It is because of our country origins. AB InBev is South African, we are from England originally. The issues that affect us are not the ones that affect AB InBev. So ours is water, theirs is HIV. However, we both meet the needs of the community"* (Andrew, manager, Diageo)

As mentioned earlier, SABMiller owned Nile Breweries Limited until 2015. Therefore, SABMiller (a South African company) stakeholders witnessed the brunt of the epidemic, and the values and activities that they engage in are cascaded down to their Ugandan subsidiary. Diageo as a British company focuses on the environment rather than HIV, and this explains the active participation in water and tree planting projects.

The structure of the companies also influences the decision to engage in CSR, as well as which participants will benefit from these activities: particularly true for the supply chain. This explains Andrew's (Diageo manager) assertion that they do not support their truck drivers, because they are supported by DHL, which employs them. AB InBev, however, ensures that the company, by providing condoms, and testing, counselling, and provision of information on HIV and AIDS, looks after their truckers, along with their other employees. The engagement of AB InBev extends beyond their employees and truck drivers, as stated by Nyakato, a health worker at AIC in Mbarara: *"We do staff and these contracted staff [...] People like cleaners, gatemen, truck drivers. At times, they also invite in partners of staff who stay around. That is spouses"*.

Additionally participants made reference to the influence of government, media and civil society organisations provided helpful insight into the corporate responsiveness of breweries. Companies are influenced in CSR activities not only by laws and regulations, but also by public opinion on needs and emerging issues (Ten Pierick et al. 2004). Preston and Post's (1979) argue that CSR enables companies to devise strategies on how they can avoid government regulation, or establish relationships that are "more effective" with government officials NGOs, religion, government agencies and media were mentioned, as the organisations having a stake in the brewery operations. These have been summarised under three major themes: *the role of government*, *pressure from civil society*, and *the role of media*.

#### ***5.2.3.3 The role of government in influencing HIV related CSR activities.***

Visser (2008) and Katamba et al. (2014), as well as findings from collected data, indicates conflicting perceptions on the role of government and government policy in influencing CSR and the choice of CSR activities. Cedric, a CSR expert, indicates that companies have the choice whether or not to engage in CSR, and therefore government cannot influence these activities.

*“[...] they (government) have very little influence. In Uganda CSR is voluntary. You look at developed countries where there is a full ministry for CSR but that is not there in Uganda. In Uganda, it is just an agency that is not really fully blown to cover all companies. So the government insists that those activities are business activities. They do not want anything to do with it” (Cedric, CSR expert)*

This resonates with the assertion in chapter 1, by Katamba and Gisch-Boie (2008) that the government has no major influence on companies engaging in CSR even when it brings in legislation that favours public- private partnership. However, the findings of this study show the opposite. David, a CSR expert, indicated that companies in Uganda are guided by national priorities as well as company priorities when choosing to engage in CSR. Patrick, AB InBev manager's stated:

*“Then you have the priorities of the country you are operating in. [...] so you must align your priorities to theirs, such that the partnerships are meaningful to both. Therefore, you know here government emphasises HIV and AIDS, so partnering with them is easy. They are emphasising rural development, modernisation for agriculture, so clearly we are what fit within their operations” (Patrick, AB InBev)*

Five sub-themes developed from data on the influence of government on CSR

- i) Gaps in the Health System,
- ii) Policies and regulations,
- iii) Taxes and tax laws, and
- iv) National strategies and
- v) Sustainable Development Goals

#### **i) Gaps in the Uganda Health System**

The existence of gaps in the health sector in Uganda means that individuals cannot easily access treatment for various diseases. This may affect stakeholders along the companies' supply chains: farmers and other suppliers, truck drivers, customers and consumers, who may not be able to afford treatment or prevention material like condoms. Firstly, as indicated earlier in this chapter, Patrick evidences that AB InBev started providing treatment, training and care for their farmers who were living with HIV, because the health system in Uganda was broken, and their farmers' ill health affected their operations. Secondly, George, a health worker at the AB InBev clinic, explains that owing to stigma, and the consequent fear of being seen attending the staff clinic, employees are referred to alternative health centres for treatment. Stigma in society is attributed

to the gaps evident in the creation, by government and other agencies, of awareness of testing and counselling services, and in convincing people to start treatment. This explains the company's reason for collaborating with health centres close to the brewery, which can be easily accessed by staff.

Thirdly, Patrick (AB InBev) explained that the biggest problem for health centres in Uganda, with regard to HIV is the inadequate system for encouraging HIV testing. UAC (2014) state that the number of those who do not know their HIV status in Uganda is high, and this contributes to the increase in new infections. Therefore, the brewery makes a significant contribution to increasing testing through the partnerships with health centres. Fourthly, there is a problem of the health centres running out of antiretroviral treatment. As noted in Chapter 2, the ART regimen is made up of three lines of treatment that must be taken at the same time. If one line of treatment is missing, it causes a problem for those receiving it. Tinkasimire (district health officer, Mbarara) attributes it to a new delivery/courier company sourced by the government, but Augustine (Health worker, St Francis Jinja) blames late deliveries by the National Medical Stores (NMS). The problem affected all of the three partner clinics in the study.

*"You see these guys (NMS) contracted a company that delivers the drugs and that is one of our major problems now. Sometimes they get overwhelmed and they do not deliver on time. We are saved by the relationship with St Francis, because we know that we can always go and get medicines there. Sometimes we also lend them, especially when they have patients on a particular line and they are missing some tablets and yet we have them (George, health worker)" AB InBev*

Tinkasimire (health expert) adds that the health system is under extreme stress, and the management at the district headquarters is always making excuses, for example, *'there are no allowances for drivers and their district cars are always broken down'*. This is summarised by Cedric, a CSR expert:

*"[...] and another area which is big is the governance gaps, and governance gaps is where you are having the government not doing enough and then private organisations come in to help the government. So here, you are talking about ventures. So they try to close the gap through ventures. An international organization will come in partly and then usually the government also come in partly and then the company will also contribute and these form partnerships".*

In spite of scholars' (Katamba et al. 2008) indication that in Uganda, the government plays an insignificant role in influencing the companies' CSR activities, findings in this study show that the government monitors the activities happening in the community, and this influences companies to choose activities that are recognised as beneficial. Participants mentioned that there

is constant engagement with government leaders and agencies by the companies, before and during CSR activities.

Furthermore, Patrick mentioned that engaging with government officials not only ensures brand visibility and recognition of company efforts by the government, but also paves the way for future partnerships. For example, before running an HIV community outreach program in Jinja (George, health worker), or setting up a water tank at the Mbarara district Hospital (Andrew, Diageo manger), companies had to engage with district health officers, police and administration. The participants' quotes explain how the government monitors the activities of the companies, and why the companies need to engage with the government.

**Table 24: Participants' statements on how they engage with government with regard to their CSR activities**

Location	Incidence of Government engagement	Participant
Mbarara	It is not solid but the companies facilitate the nurses and councillors who go out to the field. They use the government people to run these activities. They inform us of the activities that they are carrying out always. Usually they write to us or they go through NGOs in the district.	Turyahika, District Health officer
Mbarara	Government... they give us some of their staff but mainly it is the permission. They allow us to run these awareness programs. Because we also have to tell the police.	Nassuna, Health worker at MJAP.
Multiple locations	[...] Of course, we visit the District health offices where we go to ask to hold the health camp but we don't have the MOUs with them.	Patrick, Corporate Relations manager.
Multiple locations	Also the local leader, we engage the local leaders. Because I will give an example of Kitgum and even Apac, they got the district and they say that his is the district plan [...]. We need to get the local leaders and that is important for all CSR projects.	Diana, corporate manager Diageo.
Sustainable development report	We work closely with government agencies, such as the police and the Ministry of Health, to ensure responsible alcohol consumption.	AB InBev 2012

*Source: Field data*

The quotes in Table 24 above are indicative of the need by breweries to get 'buy-in' and/ or engage local government leaders on the activities of CSR that they are going to carry out. Informing the police about the activities is important, because it ensures security at the appropriate areas, especially at outreach programmes (Geoff, health worker, Mbarara). However, seeking permission from the government increases the time that an activity takes. Geoff explains

that because of bureaucracy in the government structures, the brewery would rather work directly with health centres and NGOs, rather than partnering directly with the government.

Lastly, the breweries piggyback on to partnerships with government organisations. This includes government-organised activities: for example, Community Outreaches to run their CSR initiatives. This is discussed further in Chapter 6. Nevertheless, contrary to the popular belief among scholars, and also CSR experts David and Cedric, that the government has little influence on companies' CSR activities (especially those of MNCs), company managers and health workers believe that companies engage, in various ways, with the government, as noted above. Moreover, the government, by setting up clinics and projects in rural areas, creates opportunities for partnerships with companies, helping them to contribute to the needs of society. Findings also show that government activities and initiatives, for example, HIV and AIDS outreaches, create interest among companies to choose CSR activities which will match them.

## ii) Policies and regulations

Companies are obliged to conform to government regulations, because their operating licences are based on this compliance. David, CSR expert, and lecturer at Makerere University Business School said

*"[...]Policies, which originate from government, for example, recently the government, just released a policy on how to manage polythene plastics, so the company may now have to redesign its processes to see that the products they produce are environmentally friendly, environmentally responsive, etc. but you may find that this is an external factor that is not oriented within the company. So the company has to comply and one may wonder if compliance is part of CSR. The answer is yes because Carroll's pyramid affirms that you cannot do any better CSR unless you are compliant. That is the legal dimension of CSR and so many other factors" (David, CSR expert, Kampala)*

Diana (Diageo manager), explains that Diageo stopped selling spirits in sachets for a while, because of a government ban on polythene bags. She adds that Diageo may have complied with this law, but no other local distilleries did, and this resulted in a drop in the breweries' sales of spirits so they returned to the practice.

Findings with regard to alcohol policies and laws show that there is concern among some participants that the activities of the alcohol industry in Uganda are unchecked, Tinkasimire argues that stronger regulations need to be imposed on the companies, because they are killing people with their cheap but strong drinks. He explains:

*“The laws are not active, they were set years ago and they are not relevant. You see these breweries selling tot packs to everyone and even children. The taxes they pay do not equal to the cost of lives. The government needs to do more.” (Tinkasimire, health expert. NMS)*

However, despite not being subject to government rules, the companies claim that they are self-regulating, as explained by Diana,

*“If someone woke up today and closed the brewery, you lay off the distributors, you lay off the workers, but if you are not treating the distributors well, if you are not paying the farmers then...it backfires. So it is creating that licence to operate as a responsible citizen, and also about the licence it is also about the self-regulations. Things like, ‘do not drink and drive’, ‘do not sell to under age’. It very difficult for someone to come and close you down when you are toeing the line” (Diana, Manager, Diageo)*

### **iii) Taxation and tax laws**

A number of participants including farmers, CSR experts and managers mentioned taxation and tax laws as a factor influencing companies to engage in CSR activities. Carroll’s (1991) definition of CSR includes economic expectations as the main expectation of companies. Therefore, tax rebates and rewards by government influence companies to engage in CSR, and which activities to engage in. Diageo and AB InBev use local raw materials for their brews because it is cheaper, but also because the government makes it financially attractive for them to do so, as explained by a brewery agriculture manager:

*“In 1997, the government assessed and found out that they were losing a lot of money. These two breweries would go out to buy raw materials. Now, there is no reason why should be losing that money when you can be buying from the local farmers. Like last year, we managed to buy materials worth 20 billion; outside sugar, as a local raw material. Now imagine if all that material was coming from outside Uganda, all that money would have gone out. Ok. So government decided, let us come up with a working arrangement where materials are grown locally. These companies saw the sense in buying these materials locally, than importing them and they will lose all this money. And so they came up with an excise duty arrangement where if you import raw material for brewing you pay 60% excise duty. If you use local raw material you pay 20%. Now because of that the companies came back and revived what they had lost earlier” (Kauki, Diageo manager. male)*

Through taxation reforms and strategies, the government ensured that rural farmers benefit from MNCs, and the companies themselves benefit by using cheaper raw materials. Conversely, in 2014, the country passed the HIV Prevention and Control Act, establishing an HIV Trust Fund to increase sustainable domestic financing to fill the resource gaps in the prevention and



treatment of HIV and AIDS (UAC 2015). Mugerwa (2016) reports that the law has since been dubbed the ‘beer tax’ because the finance minister Matia Kasija proposes an increase of (Shs1,000 or £0.22p) per litre, or 100%, whichever is higher, on items such as alcohol, soft drinks, car lubricants and chocolates to fund the trust. The taxes are expected to raise \$2.8million dollars as an initial contribution.

#### **iv) National strategies and Sustainable Development Goals (SDGs)**

As discussed in Chapter 2 (Section 2.3.4) the Ugandan government, as well as the international community, has established guidelines that companies and other organisations are expected to follow. The HIV mainstreaming guidelines, for example, are evident in the CSR activities of the breweries. Under these guidelines, companies are expected to put policies in place to protect employees from vulnerability, treat those who are ill, ensure that those who are infected or affected are included and are able to benefit from company activities, and finally, ensure that company activities do not increase the vulnerability of the communities in which they operate. Sustainable Development Goals (SDGs), set in 2015, seek to reverse various challenges that affect communities and especially those in low- income countries. In particular SDG 3.5- ‘*Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*’ (SDG 2014), is in line with the breweries’ main operations, and this may influence their choice of CSR activities. The World Health Organization (WHO) has set a target to reduce harmful consumption of alcohol by 10% by 2025, and as a result, the breweries are actively participating in responsible drinking activities. This is confirmed by Alan Clark, AB InBev Chief Executive:

*“The harmful consumption of alcohol remains an issue of significant concern – to governments, society and SABMiller. We are committed to playing our part in addressing the problem in all the countries in which we operate” (Alan Clark, AB InBev 2015, p. 5).*

At the same time, Campbell (2007) indicates that as part of their public responsibility, companies are willing to provide input for new laws. This is evident in the Diageo (2016) annual statement, referring to their support for international organisations and the Ugandan government in reducing the impact that alcohol has on individuals and the community.

*Our new targets focus on measuring and monitoring the impact of our projects. We share the goal of the World Health Organization (WHO) to reduce harmful use of alcohol by 10% by 2025. We fully support the Global Beer, Wine and Spirits Producers’ Commitments, a co-ordinated industry*

*response to support the WHO's Global Strategy to Reduce the Harmful Use of Alcohol. We will also continue to encourage more adults to become champions of responsible drinking (Diageo 2016, p. v).*

Jackson (2004) explains that companies enter into intricate partnerships with government, media organisations and NGOs in order to gain a reputation as responsible organisations. Findings show that the breweries engage in activities to support those affected by HIV and AIDS, and other national challenges, in order to be seen to support national strategies. This can be seen in AB InBev, Chief Executive Alan Clark's statement below,

*"AB InBev, alongside other progressive businesses, has sought to contribute to the drafting of the SDGs and we are committed to playing an active role in helping to achieve them [...] Our new sustainable development strategy, Prosper, is aligned with many of the SDG themes" (Alan Clark, AB InBev 2015, p.4).*

AB InBev, through their CSR strategy 'Prosper', work with three shared imperatives (*a growing world, a cleaner world and a healthier world*), in order to make a contribution to delivering the SDGs (Figure 30). The SDG targets are visible in the ten priorities listed by AB InBev for Uganda, summarised as: *Discourage irresponsible drinking; Make more beer using less water; Reduce the company's carbon footprint; Promote packaging reuse and recycling; Work towards zero waste operations; Have supply chains that respect company values and commitment; Respect human rights; Bring benefit to our communities; Contribute towards the reduction of HIV/AIDS; Transparency in the reporting progress*. The figure below summarises the activities of CSR that AB InBev engages in, and their relation to the SDGs.

**Figure 29: AB InBev CSR activities in line with the Sustainable Development Goals (SDGs)**



Source: AB InBev (2016)

On the other hand, although Diageo mentions the new SDGs, the managers made little reference to them as a part of selecting their CSR strategies. However, as mentioned earlier the CSR activities that the breweries engage in: for example, *building a thriving world*, *empowering communities*, *supply chain management*, are similar to AB InBev initiatives, and therefore may be influenced by the SDG targets. Figure 17 in Chapter 3 indicates the matrix on which Diageo measures the needs of society against those of its stakeholders. It shows similarity between Diageo CSR interests: focusing on encouraging responsible alcohol consumption, water projects, improving farmers' economic status, and promoting the SDG targets.

#### **5.2.3.4 The role of Civil Society Organisations (CSOs)**

*Civil Society Organisations* (CSOs) is a term used in this study to describe the various non-government organisations and agencies that have an interest in the activities of Diageo and AB InBev. This term was adopted from the participants' description of these organisations: for example, Nyakato, a health worker in Mbarara describes it as, "A *basket of funds that are*

*collected. They are collected from AIDS Commission, USAID, they collect funds and they distribute them to local NGOs and CBOs*". Similarly, Kacsoa says that, "*we are funded by various NGOs and organisations. It is like a basket we get money from government, FBOs, NGOs*". CSOs can be categorised into Non-Government Organisations and Faith-Based organisations (FBOs)

Communities, with the help of national and international civil organisations, are increasingly rejecting projects that have adverse effects on their rights (Frankental, 2001) and this incentivises companies to engage in CSR activities, in order to avert any adverse effects from this reaction. Kasirye et al. (2010) assert that local NGOs dealing with alcohol and alcoholism in Uganda have emerged because of an increase in projects that have adverse effects on their communities; these NGOs include the Uganda Youth Development Link (UYDEL) and the New Day foundation. These NGOs push for awareness of the effects of alcohol, and influence breweries to ensure that their marketing and promotion is responsible and safe for consumers. This activism has influenced companies to be vigilant in addressing those issues for which NGOs advocate.

Further, AB InBev and Diageo are part of the Uganda Alcohol Industry Association (UAIA), which governs and monitors the industry's activities. It comprises managers and teams from over 27 breweries and distilleries in Uganda, and all alcohol companies have to register with it. Campbell (2007, p. 949) argues that when companies or their managers belong to professional associations dedicated to ethical operation and charitable giving, the companies were more likely to carry out these activities as well. Diana (Diageo manager) says that because the breweries are members of UAIA, they are expected to regulate their marketing and sales operations according to the association guidelines; it monitors companies' activities and checks on what is expected of them. Despite the assertion that the association's guidelines are followed, there are questions with regard to the monitoring and enforcement of these guidelines, so the pressure from NGOs for the alcohol industry to manage their effects on communities increases the interest of the breweries in engaging in HIV-related CSR activities.

The participants in this study highlighted the influence of religion, especially Christianity, rather than organisations (FBOs) as a reason for reducing alcohol consumption. Three of the beneficiaries of the AB InBev CSR activities, who were receiving treatment at the AIDS Information Centre, said that they do not consume alcohol because they have been saved, in the

religious sense; they are Pentecostals. The role of religion in promoting abstinence is increasing, as confirmed by Patrick, an AB InBev manager: *“you know most of these people are not drinking, many, maybe 50% do not drink. Campus students and even corporate class are drifting more into Christian and lokoleism (Pentecostal churches)”*.

Participants (Kauki, Diageo manager and Augustine, health worker, Jinja) state that religion and FBOs are rooted in local social structures, and therefore, are in an excellent position to mobilise communities to respond to the HIV crisis. Nevertheless, religious leaders in Uganda have been very vocal about the impact alcohol has on society and the ‘sin’ it leads people into. Scholars (Owoyemi 2008 and Swahn et al. 2011) explain that various studies have been advanced on the intervention, role and activities of religious bodies in HIV and AIDS projects, but very few of these studies cover alcohol and HIV together.

#### **5.2.3.5 The role of the media**

In the sections above, empirical data has identified stakeholder groups such as NGOs, government, FBOs and advocacy groups, demanding CSR practices as an alternative to traditional philanthropy. The media is playing an important role in creating awareness of what CSR is, and most recently in the shaming of business malpractices in Uganda. Participants perceive the media as playing a significant role in influencing companies to engage in HIV related CSR, through creating public interest in issues (negative and positive) that breweries are involved in. As indicated by Zoch et al. (2008), the media has enormous influence on the type of information the public receives. Cedric, a CSR expert, adds that advancement in social media enables quick access to news and information in real time, drawing immediate attention from international organisations, local government and advocacy groups.

*“The media is a key driver because people are now more hooked up; the phone is playing a more important role in connecting people around the world and in Uganda. Therefore, when anything happens, you can get to know about it in a second. So companies are wary of the fact that bad publicity can spread the country in a second. So if someone, for example, took a bottle of contaminated beer and died, that would go around in a second on Facebook, and other social networks. So the other factor is technology so it is helping. It is a key. That is another thing that we need to investigate. People call it media but it is not just media, it is social networks, technology” (Cedric, CSR expert. Kampala)*

Zoch et al. (2008), writing that public relations practitioners and activists have turned to the internet as their vehicle of communication, because they have a wider audience, and what they

communicate is uncensored, reinforce this belief. They add that on the internet, activist groups are able to control the content, availability and frequency of information (Zoch et al. 2008). Reporting negative information about the breweries activities, or the effects of their brands, affects the breweries negatively. Diana (Diageo manager) explains that newspapers publish stories on the breweries without asking for their side of the story first, and in most cases these stories may not be conclusive. On the other hand, Patrick is concerned that even when the breweries engage in CSR activities to support community development, they are received with scepticism because of media reports.

*"[...] our media, I will rightly say is very cynical towards the efforts of alcohol. Again, it is a long term thing that we hope we shall be overcome but they think that alcohol cannot be honest in combating social ills because alcohol is wrongfully associated ... I say is 'wrongfully associated' because the right association is alcohol abuse. So sometimes people think that we are not honest, we are trying to cover up. You know how media works across the world. They change the story to suit their audience. They also have their own interests so that it fits into their agenda. Our business suffers from that cynicism of the media. They say that what we do is not for the community per se, it is just business, it is selfish promotion and what have you. So you have to keep on getting them to see the story" (Patrick, AB InBev).*

This claim is confirmed by the study of Kasirye and Mutawe (2010), who explains that media reports of health disorders and deaths from consuming illicit brew including crude methylated spirit were reported as if they were the result of drinking branded alcohol produced by Diageo and AB InBev.

Contrary to Patrick's belief, CSR expert Cedric reasons that the media is not cynical, but rather wishes to show society and political leaders the negative impact of the activities of the alcohol industry. He reasons that if companies want to be portrayed in a positive light, they need to do what is expected of them, to avoid this kind of bad publicity. He suggests that the companies ensure that those along their supply chain are ethical suppliers, employers and customers, to avoid negative media reports, such as the one seen in Figure 28, below; an article in a newspaper on the Oktoberfest festival, held in Uganda, and promoted by the major brewers and distillers to endorse and celebrate their beer and spirit brands. The festival draws crowds, and as depicted in the figure below, there is high alcohol consumption.

Figure 30: New vision newspaper caption on the Oktoberfest 2011.



Source: Kasirye (2014, p.3)

On the other hand, the two pictures below (figure 32) show a recently concluded nationwide Bell Lager promotion (Diageo 2016) in which consumers were encouraged to drink more by checking under the crown to win prizes, for example land titles, motorcycles, and televisions. According to Uganda Communications Commission statistics (UCC 2014), only 14.8% of people in Uganda own televisions (Appendix K), so according to Cedric, drinking an £0.80 beer to get a free television or plot of land may be considered a worthy investment on the part of consumers.

Figure 31: Media reports on the Diageo National 'under the crown' consumer wins



(Diageo 2016)



However, other findings from this study also show that the breweries can benefit from media coverage of their CSR activities, because of the wide audience reached. This creates a positive interest in CSR activities that will attract the attention of the media, while preventing negative stories prompted by activities that have a detrimental effect on the environment and society. Diana explains that through media and online coverage, Diageo carries out surveys to review the impact of their programmes, such as the “*Don’t drink and drive*” campaign, which helps them to focus CSR programme on the right people. On their part, AB InBev use the media to measure the impact of their activities, as reported by Patrick:

*“[...] we adopt global scan to carry out surveys to interact with media houses, internal communication surveys to measure the effectiveness pf our internal communication platforms; alcohol surveys to measure the company commitment to alcohol responsibility and a way to measure our corporate reputation” (Patrick, AB InBev manager).*

Nevertheless, the kind of quotes from participants shown in Table 25, encourage companies to report their activities in the media, in order for stakeholders to know what they are doing, and for the companies to derive benefits from these activities. Media attention may influence the breweries to engage in CSR, in order to improve their reputation, as is suggested by the participants below.

**Table 25: Participants perception of the need to report CSR activities in the media**

Participant	Importance of media reporting
Augustine, Health worker. Jinja	Most companies do not come out to support the community unless it is for show off, to show that they are doing something for the community. [...] companies that just fill the media with small things that they have done. So if the brewery gives us Ceprine, they need to report it.
Augustine, Health worker. Jinja	They would be stupid not to report their activities because we will wonder why they are doing them. The people need to see.
David, CSR expert	So if you keep quiet like the way most of the organizations do and especially banks. They say that they are using the catholic principle of giving away something and then not letting the whole world know. They are not helping anyone.
Patrick, AB InBev	Of course, it would be very meaningless to do all these things if they cannot be shown.

Source: Field data

The section above has detailed the motivations of Diageo and AB InBev to engage in CSR under the public responsibility approach of the CSPF. The sub-sections of the role of government, civil society and the media, detailed above, show that the breweries respond to attention from



international and local agencies, and government, to manage the issues (HIV and AIDS) that affect both the breweries and the communities.

#### **5.2.4 The process of value clarification.**

Ten Pierick et al. (2004) explain that in value clarification, companies/ managers use emotions, concerns, worries, hopes, and aspirations as indicators of values to be clarified in processes of (structured, joint) reflection. This is very similar to issues management and environmental scanning, because it ties into the company becoming aware of the impact that their activities and/or products have on society. Ten Pierick and colleagues show that businesses realising their negative impact and trying to ameliorate it is in line with pragmatist ethics:

*“A pragmatist approach to responsiveness focuses on process aspects and looks for ways to highlight and strengthen them. The background of this emphasis is that a pragmatist approach (to whatever issue) is always looking for ways to improve situations, solve problems, and make the world a better place” (Ten Pierick et al. 2004, p. 53).*

##### **5.2.4.1 The issue of alcohol and alcohol abuse: A causal link to an increase in HIV prevalence**

There is an active debate on whether the breweries engage in HIV related CSR activities as a response to the alleged causal link that has been made between alcohol and HIV. Study participants indicate that Diageo is aware of the alleged ills that alcohol causes including increase in HIV. In Table 26 below, a manager explains that alcohol is believed to impair the judgement of a young person, and therefore the company supports youth education on responsible drinking, because of the causal link between alcohol and HIV. She adds that,

*“The company is also fully aware of the fact that misuse of alcohol, can cause serious problems for individuals, communities and society. That is why we care passionately about helping to reduce alcohol related harm in society, through our own programmes and through partnership and collaboration with others. Annually we spend over approximately 500million in various initiatives that provide consumers with the information and tools they need to make informed choices about drinking responsibly - or not drinking at all” (Diana, Manager. Diageo)*

As summarised in Table 26 below three major themes developed around alcohol and how it is perceived to link to risky sexual behaviour and HIV.

i) *Confidence* and impaired decision making arising from using alcohol. This results in men approaching women and engaging in sex. Participants indicated that alcohol allowed them to

interact with women, and inhibited their fear and shyness. Nassuna, a health worker relates it to casual sex workers who use alcohol before they start work.

ii) *Environments where alcohol is sold* are also common locations for casual sex workers as well as being hubs for meeting new people. Kalichman et al. (2007) write;

*“Businesses and venues that serve alcohol are often the very places that link alcohol use with risk for HIV infection. Informal alcohol serving establishments for example, people’s homes where alcoholic beverages are sold and served, are also often the same places where sex partners meet” (Kalichman et al. 2007, p.142)*

i) *Alcohol abuse* which leads to poor decision making. Geoff, a health worker at the AB InBev clinic states that the brewery educates people on the impact of excess drinking, so that they are able to make informed decisions about their actions.

**Table 26: Participants’ perceptions on the role of alcohol in the spread of HIV and AIDS.**

<b>Environments where alcohol is sold</b>	
<b>Simiko, Farmer and lodge/bar owner</b>	Of course, the rooms and the alcohol go hand in hand. But we play our part. We put condoms in the rooms.
<b>Geoff, health worker. Mbarara)</b>	[...] it is not distant at all actually HIV moves with alcohol.
<b>Mutesasira, male, Beneficiary, AIC Mbarara).</b>	People become excited when they take a bottle or two. Not that they are impaired, but here is that thing like right now if I wanted to ask you out it would be kinda hard but if we were in an environment, we are taking a beer, you know, I can just blame it on the alcohol tomorrow.
<b>Cheptai, a female farmer</b>	We have many bars and you see young girls going there. Even when our farmers here move to the town to sell their produce and also to buy seeds and fertilizer. They go there to the bars to enjoy with the girls. But the disease has killed many people. But anyway people who have it don’t say. These days you cannot know who has it. People just die and they say heart disease when it is Slim.
<b>Confidence and impaired decision making</b>	
<b>Diana, Diageo manager</b>	It has been proven that in our own literature as UBL (Diageo) that alcohol impairs judgement of a young person. For adults as well but it worse off on children or those under 18ears of age. So all these other activities that they engage in are done as a result of effects of alcohol. So there is a correlation between the alcohol and exposure of adolescents to early sexual engagement which in the long run can lead to HIV and AIDS.
<b>Mutebi, male, beneficiary, Mbarara</b>	It is very easy to take the rejection when you are taking alcohol because what is the worst that can happen? Next time you meet her you can just apologise and say that you are sorry, it was the alcohol. Then you try someone else.
<b>Nassuna, health worker. Mbarara</b>	There is a connection because even the prostitutes use alcohol to get confidence. But these people of Nile (AB InBev), they have good campaigns where they do not promote binge drinking. They (NBL) advise that two bottles are enough so that you do not go over your thinking limit. Some people drink and forget what happened to them the night before.

<b>Mutesasira, male, Beneficiary, AIC Health centre Mbarara</b>	I am not impaired but it would come off easily, I know ask you if I can buy you a drink, it comes off as a much simpler thing rather than find you very sober and ask you out. Men, we are programmed to first try to impress so if you seating here right now and I have no job, or you owe me something because I bought you a drink, so you have to talk to me or something. I think alcohol causes that thing where you are a little bit loose because you will have forgotten in the morning
<b>Geoff, male. Health worker. Mbarara</b>	You can make your decisions, you are not drinking to an extent that an ugly woman, you see her as beautiful and yet before she was ugly before you started having beer. Basically it also depends on you. Depends on the decisions you make because, as a woman, you cannot tell a drunk guy who wants to have sex that, "okay, let us first go and we check you for HIV." No. You just sleep with him.
<b>Patrick, AB InBev</b>	So I know some people try to say that we are not honest, when we say that we are trying to fight things like HIV. People say, 'and you are the same people who sell alcohol' but we are completely are clear on that statement. We know that alcohol has existed as long as society and people who have use it the way it is supposed to be used have remained on their right decisions and not just with sex but so many other decisions.
<b>Alcohol abuse</b>	
<b>Patrick, AB InBev</b>	you know that you can actually take a certain number of beers and remain fairly able to make judgement but there are people who really knock out themselves and sometimes people have slept without even knowing that they have slept with and so that is the worst case scenario. So it clearly alcohol abuse.
<b>Geoff, health worker. Mbarara)</b>	Like...do you know why we encourage responsible drinking? You can still stay in position to make a decision. [...] what happens when you take one beer?. You look at the waitress and she is an ugly woman. She is ugly, you take two, and she is still ugly. When you reach 7 beers, she becomes beautiful. At ten beers she is very beautiful. At the end of it, you tell her, "Do you know what? We go" No time of testing. You are not yourself- you are impaired. It moves on your head. It takes over control and when the adrenalin sets in, you are in trouble. However, if you drink responsibly you can still stay in position to drink responsibly

The breweries have seen the necessity to look into their product-manufacturing, sales and marketing, to address the concerns of stakeholders before this perception affects the company.

This is summarised in Diana's comparison below

*"An example of tobacco, while they have closed the factory, the farmers are up in arms. All the people that benefited from the organisation are up in arms; they are up in arms because they have been benefiting and some from their CSR programs. [...] So, CSR is really about the licence to trade and still selling the sustainability of your company" (Diana, Diageo manager)*

According to Wesonga and Butagira (2013), health advocates and environmentalists in Uganda blamed tobacco firms for rapid soil degradation through excessive use of chemical fertilizers, deforestation for leaf curing, encouraging child labour on farms, and the rise in tobacco-related diseases. This led to parliament bringing in a new law that outlined stringent measures on the production and sale of tobacco products, and therefore made it hostile and therefore much riskier to invest in the sector. So, as described by Diana, the breweries are preempting what may happen in the future, and trying to avert it in order to protect their license to trade. This ties into the assertion at the beginning of this chapter that CSR is both proactive and reactive (Ten Pierick et al. 2004).

Nassuna, a health worker, explains in Table 26, above, that AB InBev is actively promoting responsible drinking messages. When asked her opinion on why companies engage in HIV related CSR activities, she intimated that,

*“I also think that they do it because they are guilty. [...]. They do it because every action has got a reaction. So people drink and even if the company wants to look responsible, you cannot remove the fact that people go overboard with alcohol and they have gotten HIV like that”.*

Contradictory perceptions relating to the breweries’ motivations to engage in CSR, and to the alleged causal link between HIV and AIDS, were evident in the findings. Firstly, Patrick (manager) clarified that AB InBev produces other drinks besides alcoholic ones, including mineral water (Rwenzori) and Coca Cola; while Diageo produces Alvaro (a malt soft drink) and these do not have the same effect as alcohol. This highlights the fact that the CSR activities of AB InBev are selected because of the need to manage problems that affect society, and not because a link has been made between the problem of HIV and the brewery’s brands/ products. This links into Heath’s (2011) assertion that companies engage in CSR to manage issues connected to their for reputation, rather than to meet stakeholder needs.

Geoff (health worker) in Mbarara argues that the link between HIV and alcohol is not an easy one to justify, and that the breweries engage in HIV related CSR activities because HIV affects the community and their employees, but not because of the relationship between HIV and alcohol. Patrick (manager) confirms this by indicating that issues other than alcohol lead to risky sexual behaviour.

*“It is sex drive that impairs people’s ability, not alcohol. So many people get overwhelmed when they get into the desire and often stop thinking anything. So it just an association that can be made. It is a small percentage. I think alcohol abuse and all kinds of ills not just alcohol. Alcohol abuse is associated with pervert, domestic violence, with everything you can think of under alcohol abuse and again not just alcohol abuse, so many other abuses. So, we are always careful to know that anybody who abuses alcohol can suffer from so many problems” (Patrick, manager AB InBev).*

Kasirye and Mutawe (2010) and Oduut (2017) argue that illicit brew and homemade brews, as detailed below, are the major contributor to the perceived negative impact of alcohol on society:

*“Given that the media too has failed to pin the source of deaths and other illicit alcohol-related ills, journalists often prefer to illustrate using beer and other branded alcohol. So whenever you have any illicit alcohol related calamities, there is a chorus of voices to crack down on alcohol—*

*but really meaning branded alcohol or better still beer! Never mind that in Uganda, for example, beer is a mere 4% of alcohol consumed in the country” (Kasirye 2014, p. 5)*

Similarly, in Kapchorwa, an increase in gender-based violence has been blamed on the consumption of illicit and homemade brew:

*“In rural communities, men reportedly start drinking komek, a local brew made from maize, as early as eight in the morning. They inevitably stagger home in the late evening quite drunk and start demanding for food or forcefully asking for sex” (Oduut 2017).*

An allegation which is in line with AB InBev managers’ (Mulangira and Patrick) explanation, that when selecting CSR activities to engage in the brewery chooses, *“Like in rural areas we know that much of the alcohol problem is not our beer but because we know that those people are deserving.”*

Nevertheless, according to Pratten and Wright (2013), the reputation of an organisation can spill over to affect other organisations in the same industry or the industry as a whole. For example, banks, including HSBC and the Royal Bank of Scotland in the UK, suffered damage to their reputations, and because of media attention, this spread to other financial institutions (Pratten and Wright 2013, p 32). Negative reputation of one organisation is consequently felt by other organisations that manage the same activities or produce the same products (Pratten and Wright 2013). Moreover, as stated by Kasirye and Mutawe (2010) in a quote above, events that involve alcohol, even when they have nothing to do with the products of Diageo and AB InBev, may destabilise the operations and/ or sales of the company, by drawing negative attention from various stakeholders. Consequently, companies have collaborated with NGOs and government to come up with initiatives that prevent negative attention being paid to their activities. In summary, whereas some managers link the motivation of their CSR activities to the fact that HIV has been identified as a problem linked to alcohol, other participants strongly refute this claim.

#### ***5.2.4.2 Activities of breweries and their contribution to increasing HIV prevalence rates.***

Much of the literature on HIV (Barnett and Whiteside 2006) attributes increases in HIV infection to increased mobility, which might occur as a result of improved and extended transport systems, and new employment opportunities. Findings drawn from interviews show that the two breweries were perceived as major contributors to the growing numbers of new HIV infections in the communities where they operate. This perception was summarised by Cedric (CSR expert) as

“the socio-economic nature of the impact that breweries have on society”. Similarly, Wood (1991) maintains that businesses are responsible for outcomes related to their primary and secondary areas of involvement with society. Four major factors were identified from the findings, as discussed here. Firstly, participants linked the breweries to highways, socially active townships and truck drivers, because of the active distribution of alcohol products in these areas. It was observed that all study areas where this research was conducted lie along a highway<sup>14</sup>. These are thriving business routes and are referred to by AB InBev manager Patrick as ‘hotspots’. These hotspots or trading hubs attract long-route truck drivers, who stop over to spend nights because of the cheap accommodation. There is a proliferation of bars and sex workers at these stop overs, to take advantage of truck drivers’ willingness to spend money. Truck drivers are also important stakeholders along the breweries supply chain, because of their vital role in the distribution network of raw material and products. As noted in Chapter 4, both breweries export beer to neighbouring countries including Kenya, Sudan, Rwanda and Burundi.

**Table 27: Participants’ perception of the high-risk behaviour that truck drivers engage in that may lead to HIV spread.**

PARTICIPANT	QUOTE	LOCATION
<b>Nyakato.</b> Health worker,	We call them hot spot areas. Like the areas of, Ruti, Nyeihanga, and then Rubindi. Then we are also doing it in Isingiro. There are so many hot spots there. They sell alcohol and sex. We go to the bars in those areas.	Mbarara highway
<b>Patrick. Manager</b> AB InBev	Then we also deal in some hot spots for parking like in Busia, Malaba, Mbiko, Lukaya, kyotera. Those are a few areas where these trucks park. We shall also do to soon the northern route. There is a lot of stops in areas like Kumi areas going to.... There is that route going to Sudan. Our drivers need the help.	Jinja, Mbarara,
<b>Cedric, male. CSR</b> expert.	Remember how these driver people used to drive things from Mombasa to Kampala, and wherever there was a busy town, a lot of people used to die like in Jinja, Mbale, of HIV because they would take breaks there and when they would stop they would drink alcohol and of course that goes with sex so many people died and this of course spread.	Jinja highway

*Source: Field data*

The participants’ quotes in the table above show a concern about the activities that take place in these hotspots. These activities are explained in the Uganda Knowledge Management and Communications Capacity Initiative report (KMCC 2014): that sex workers and women on low-

<sup>14</sup> Mbarara is on the Kampala-Kigali highway, while Jinja and Kapchorwa are on the proposed Kampala-Kenya highway.

incomes are drawn to trading hubs precisely because of the opportunities to sell food, alcohol or sex. This risky behaviour increases the chances of HIV infection (Kribs-Zaleta et al. 2005)

Secondly, participants mentioned the mobility of brewery employees, farmers and other stakeholders, contributing to the increasing numbers of new people in the study areas. Mutai, a manager with AB InBev (Kapchorwa) describes this;

*“What I know is that we have these companies with us, they have come ... and what has happened is that this has attracted new people who are working with us from different parts of the country and them mixing up also with the local people in the community (Mutai, male manger”. AB InBev)*

*“I may not be specific that they have scaled up HIV prevalence but what I know is that they have come and this has attracted a number of people in the district and the process of doing that brings in the business of socialisation and so people are meeting new partners. The farmers are interacting and they are closely meeting with new people. In the name of enjoying, but we cannot rule out that whatever they have gone for they are mixing up and meeting new people and socializing” (Kiprotich, Biostatistician. Kapchorwa)*

Farmers reported that they have to travel to the brewery offices to purchase seeds for planting, and to sell their harvested products. This also means that they spend long periods away from their families, and this is a concern, because they then seek new relationships in the areas in which they are operating, which has also led to the breakdown of family units, as noted by Kaana, a health worker.

Interestingly, observation notes show a number of staff interviewed for the research are from other areas of Uganda substantiating the claim that companies contributing to an increase in new people and to mobility and mixing of populations which Barnett and Whiteside (2006) identify as contributing to higher rates of HIV infection,

Lastly, findings show that participants link the improvement in the economic status of farmers in Kapchorwa, to the increase in HIV increase. In Kapchorwa especially, participants were concerned about the fact that brewery farmers were getting wealthy, and as a result were choosing a risky lifestyle that could lead to the acquisition and spread of HIV. Mutai, a manager with AB InBev in Kapchorwa, exclaimed, *“our people are funny, the moment they get money, they want to get other partners”*. This was evidenced by Wokuri, a farmer in Bukwo, who, as a result of his financial success, had found himself a new wife to manage his business. He said:

*“I just took on a second wife to manage some of the town land, because you know when I come to sell the barley at times I stay here long. Then I also have needs. Therefore, I have a house and now she is managing here and mummy is managing in Bukwo” (Wokuri, male, farmer).*

This was repeated by other study participants in the community, including managers and health workers, as discussed below:

*“Now, like this is the festive season, our buses are packed. They are packed and most people you see there are farmers who come from the villages who have to sell their crops. And as they sell their produce, they go socialising and in the process of socialising they have met actually, they meet a number of young girls who they engage themselves with and in the process I believe they get HIV here...some. Because we do not have so many outlets for condoms here in the district. And most of our bars do not have condoms so greatly it has impacted. Really it has impacted” (Kiprotich, biostatistician, Kapchorwa)*

*“[...] we have a place down here called Government Lodge where so many farmers go. They come from their villages and the importance of coming is to pick seeds. Ok...but they end up in these small bars and even their women come and follow them up and ...They follow them up to the bars. Like last year we had a very serious scenario where one was caught in one of the bars with another woman and they fought seriously and I think he was arrested for some time [...] So a farmer leaves the woman with the children and moves on to another village to marry another woman whether they know their status or not. So they abandon this one and move on so it is also spreading like that. So we are having that challenge and in the marginal communities it is still such a challenge”. Kaana, health worker, Kapchorwa*

These data differs from the perspectives of other writers including Doyal and Doyal (2013) who argue that poverty and deprived economic settings are synonymous with an increase in infection.

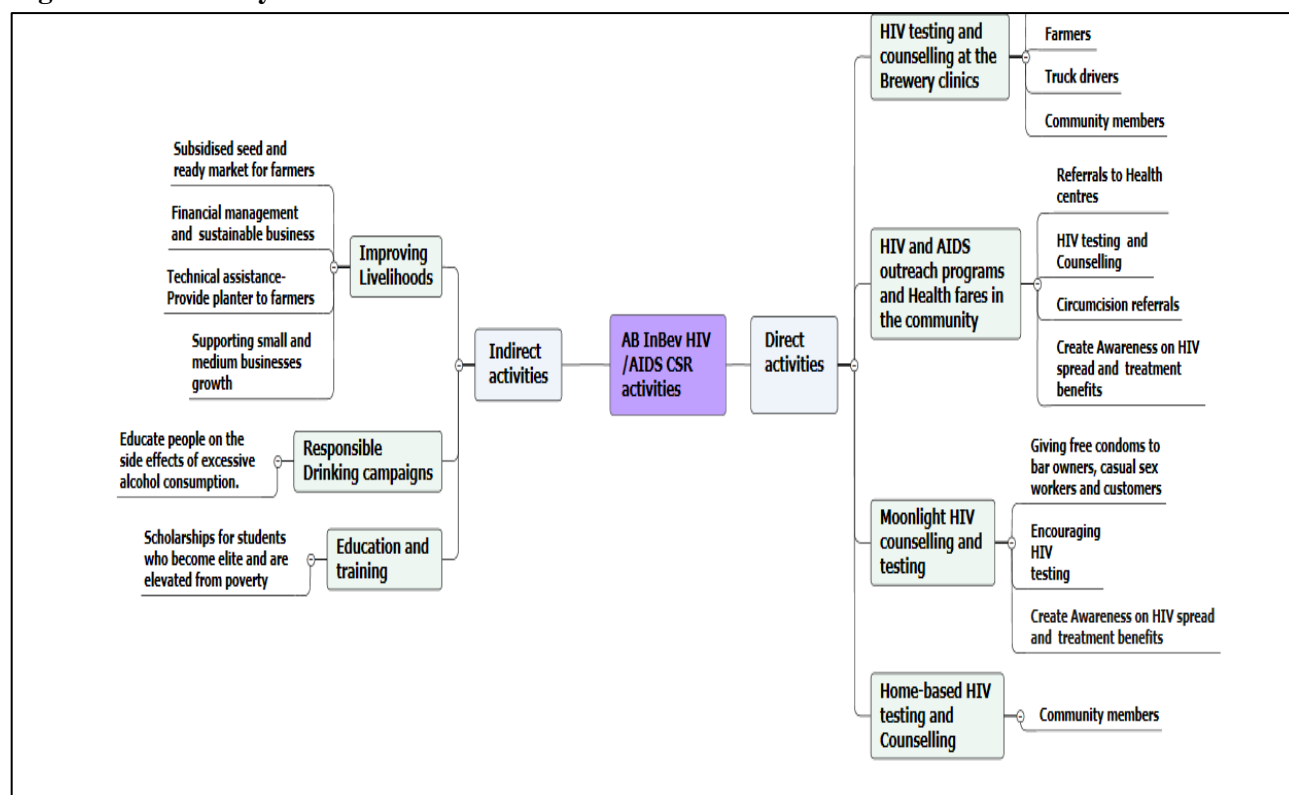
Additionally the data shows that an improvement in economic status is not the only reason why men leave their wives to find new partners. According to research carried out in Uganda (Topouzis 1994), some men leave their wives because they find out that the wives have HIV. The increase of HIV prevalence in these areas is attributed to more than one factor, as indicated by the participants’ perceptions. However, the fact that some of the issues relate to the breweries’ activities affects their reputations, and arouses interest from activists and other relevant agencies. This increase in HIV prevalence has an impact on individuals and societies, as well as on the breweries.



### 5.3 The continuum of Corporate Social Responsiveness

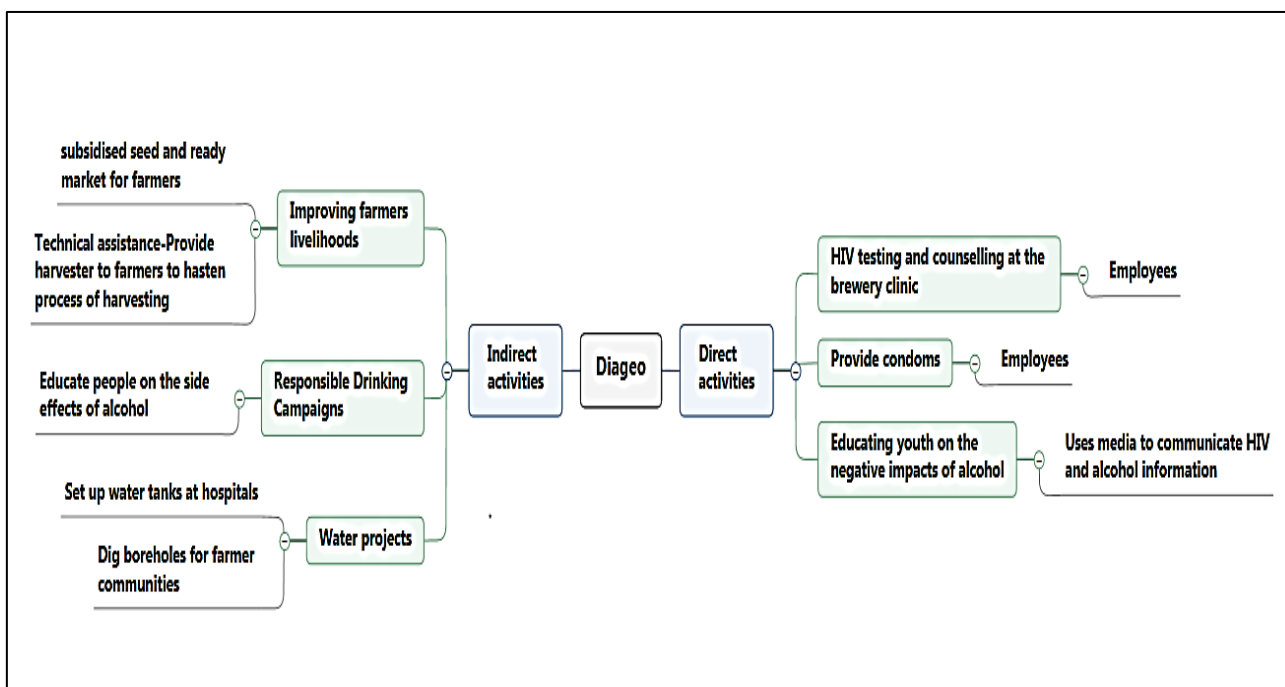
Findings show that CSR in the breweries is perceived as both a reactive response: for example, as shown below, the breweries are influenced by scrutiny from stakeholders, media, and governments, to do what is right. However it is also a proactive response: for example, past events in companies engaged in activities or products considered unethical; as in the case described by Diana (Diageo manager), who said that some CSR activities were carried out to pre-empt the possibility of alcohol companies being closed, as had happened to tobacco companies in Uganda. The two figures below show that both direct and indirect activities of the breweries' CSR operate to mitigate HIV and AIDS. It is evident that whereas the activities are similar, Diageo's focus is on activities that contribute indirectly, while AB InBev concentrates on direct support to stakeholders along their supply chain.

**Figure 32: Summary of the HIV and AIDS related CSR activities of AB InBev**



*Source (Fieldwork data)*

**Figure 33: Summary of the HIV and AIDS related CSR activities of Diageo**



*Source (Fieldwork data)*

## Chapter conclusion.

The breweries are in a challenging position: improvement in their livelihoods lifts farmers out of poverty, but brings associated risks (Gupta et al. 2008), particularly for HIV infection, through increased sexual contact and the taking of second or subsequent wives. Programmes to promote HIV awareness and adherence to ART treatment, supported by the breweries CSR activities, should counteract these risks, but other forms of economic growth in the identified areas introduce additional risk behaviour, linked to new roads that open up active migration and the proximity of border areas. This is particularly problematic in areas such as Jinja, Mbarara and Kapchorwa, which are along the highway and are hubs for long distance truck drivers and therefore have a high rate of sex trade. Additionally, the development of new universities in Mbarara, and the growing tourism base in Jinja, attract a large number of people who visit for recreation, which creates the perception of ‘party towns’ fueled by alcohol.

Secondly, findings have shown that the breweries selected for case study are compelled by i) the need to protect their licence to trade, and more significantly, by ii) HIV as an issue affecting their

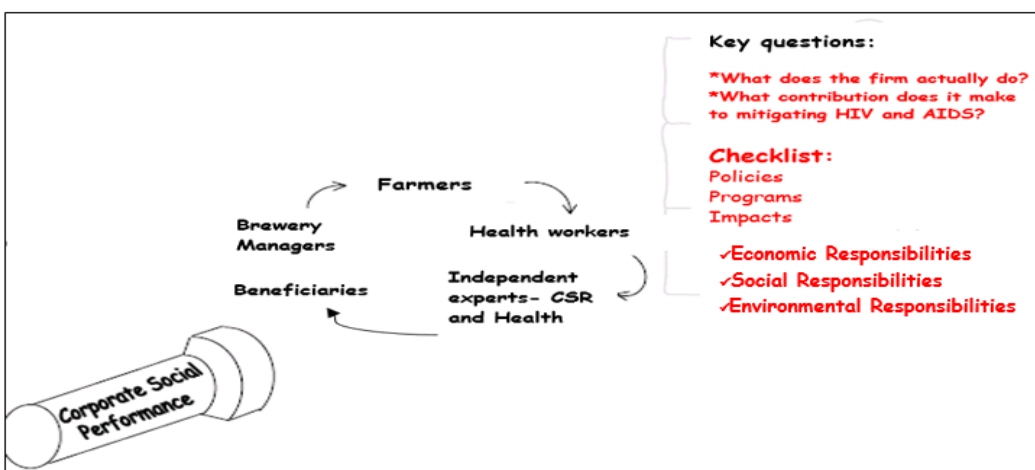
stakeholders, supply chain, and productivity. In this chapter, the media has been noted as an important stakeholder, that puts pressure on the breweries to act to support other vulnerable stakeholders, through its reports on the negative effects of alcohol on individuals and communities. However, the media is also a channel through which the breweries make their CSR activities known, and therefore they are in partnership with the breweries. The perceptions of some the managers participating in this study is skewed to developing the communities in which they operate above making a profit for the companies.

## CHAPTER 6: BREWERIES' STRATEGIES AND CONTRIBUTION TO HIV AND AIDS MITIGATION.

### Introduction

The previous chapter has discussed perceptions of the responsibility of breweries towards society, under the first category (Corporate Social Responsibility (CSR) of the Corporate Social Performance Framework (CSPF) (Ten Pierick et al. 2004). This was followed by the factors that influence the breweries chosen as case studies to engage in CSR activities which target HIV and AIDS, under the CSPF category of Corporate Social Responsiveness. It was established in Chapter 5 that the breweries are aware of responsibilities, beyond economic and legal, towards society, and that they therefore engage with issues that affect their stakeholders and society in general. This chapter discusses the strategies, activities, and perceived contribution of the breweries, under the Ten Pierick et al.'s (2004) third CSPF category of Corporate Social Performance, by addressing the fourth research question: what is the perception of the contribution of breweries to the treatment, care and prevention of HIV and AIDS? The figure below summarises the discussion in this chapter, through the approaches under the Corporate Social Performance category of the CSPF discussed in this section.

**Figure 34: Summary of Corporate Social Performance and the approaches.**



*Ten Pierick et al. (2004, p. 55)*

## 6.1 Policies

In both case studies, it has been established that there are policies in place to promote and protect the health of employees, particularly with regard to HIV and AIDS. The commitments that Diageo (2015) and AB InBev (2014) have made to HIV and AIDS policies are in line with their undertaking to support their employees and their employee's dependants. The annual reports show that the companies have policies related to alcohol in society, and this includes policies to encourage employees in responsible behaviour, responsible alcohol consumption, and the companies' own commercial communication policies with regard to these practices (AB InBev 2014),

*“Diageo’s policy on HIV and AIDS has attracted international attention for its commitment to provide lifetime access to ARV treatment for its employees. However, the company believes its role in helping prevent the spread of the disease through education is also crucial. As a drinks company, Diageo has made social responsibility and alcohol a primary focus. Helping consumers and employees understand the need to modify their behaviour in the light of the risks of HIV and AIDS is also important. All local programmes start with leadership training, to ensure that ownership and responsibility begin at the top” (Commonwealth Business Council 2005, p. 35)*

In addition, other policies exist with regard to collaboration between the companies and their suppliers, particularly farmers. Diana (Diageo) mentions that Diageo is at the forefront of respecting human rights, while Patrick (AB InBev) explains that stakeholders along the supply chain are treated fairly. This is in line with statements on policies in companies' annual reports.

*“We are working to accelerate growth and social development across our value chain – from growers to retailers. We help drive agricultural productivity, innovation and resilience, supporting our growers and their communities. We are also committed to helping small retailers expand their businesses – providing the next generation of entrepreneurs across our markets with the business skills and opportunities they need to thrive” (AB InBev 2014)*

The policies target specific issues that affect the companies, and highlight their decision to manage the challenges they face (Wood 1991). Findings show that various factors influence the breweries when setting policies and determining programmes: their implementation is influenced directly by government policies and regulations, which influence companies in realising their responsibilities toward society, and therefore to selecting and engaging in activities indicated by legislation. Researchers (Wood 1991; Mitchell et al. 1997; Garriga and Mele 2013) emphasise

that there is universal consensus with regard to companies' obligation to comply with laws and regulations, and to distance themselves from support for particular political parties.

Companies' operation licences are dependent on their compliance with legislation. A CSR expert, and lecturer at Makerere University Business School, explains that government policies and laws govern the activities that companies engage in, both internally within the company, and externally in the community in which they operate. Findings show that in a society with a lack of state systems to manage the environmental, social and ethical performance of companies, this is a major cause of public opinion and stakeholder activism. Businesses, as citizens in the community, are expected to meet their expected obligations, before these end in issues that may affect companies' reputation and operation. However, despite not being subject to much government regulation, the companies indicate that they are self-regulating, as explained by Diana (see Chapter 5, Section 5.3.3).

The policies that influence companies to engage in CSR activities are therefore usually policies set by the companies. The belief that the breweries are self-regulating may be a major factor contributing to the perception that CSR consists of the ethical responsibilities that the company has to the community (see Section 5.2.3). The quote below by Diageo shows that they align their policies to the UN goals.

*"Our targets were selected to ensure we help to achieve the UN's Global Goals and support WHO programmes on health, such as the Global Action Plan for the Prevention and Control of Non-Communicable Diseases" (Diageo 2017)*

## **6.2 Programmes**

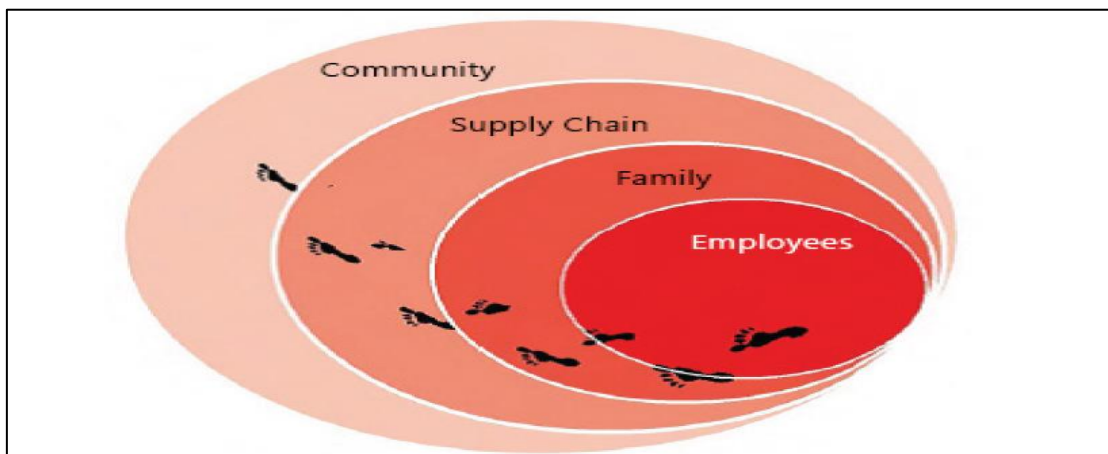
According to Ten Pierick et al. (2004), programmes are the measures that a firm takes to deal with a specific issue and/ or the efforts that companies engage in to realise their objectives. Diageo and AB InBev have taken the initiative to emphasise their role in contributing to awareness, treatment, prevention and care, through various strategies. Given the diversity of the requirements to manage the HIV epidemic (discussed in Chapter 2) including behaviour change strategies, promoting HIV testing and counselling, and circumcision and treatment, it is clear that

the breweries use various channels to implement their CSR activities in order to respond to these challenges.

Findings show that whereas both companies engage in CSR related HIV activities, AB InBev activities are more comprehensive than Diageo's, in terms of stakeholder engagement, as explained below. AB InBev implements its HIV related strategies through their 'Grain to Glass' CSR programme, whose main objective is to implement and support a behaviour change campaign, and to enable all the stakeholders along their supply chain, who need treatment, to access it. Mulangira says: "**From grain** means from the farmers who provide the grain, and **to the glass** meaning the consumers who drink the beer. Therefore, our objective is to care for our people from start to finish."

The figure below indicates the company footprint and reach with their CSR activities.

**Figure 35: Populations targeted by SABMiller's (AB InBev) HIV interventions**



Source: Thior (2016, p. 6)

Diageo, on the other hand, under their 'Live Life employee wellness programme', caters directly for their employees through provision of HIV testing and counselling, as well as creating awareness of HIV and AIDS prevention and care.

In order to implement CSR activities to mitigate HIV, breweries adopt a number of strategies. This multiplicity may be explained by the fact that the breweries have several kinds of stakeholders along their supply chain, and therefore need to tailor their different needs

appropriately. The strategies identified in the findings have been categorised under three sections: *partnerships, capacity building – training the trainer, and employee volunteerism.*

### **6.2.1 Partnerships**

Findings show that the most common CSR implementation strategy, used by both breweries, is partnership. Holden (2003, p. 41) describes partnerships between companies and NGOS or health centres as complementary, because they involve each organisation focusing on its strengths, while linking actively with organisations that can address other aspects of the HIV epidemic. Partnerships identified in this study include the breweries collaborating with health centres, NGOs, government, and other agencies. As explained by Patrick,

*“[...] we wouldn’t want to run or manage of HIV positive people because it is wrong, we don’t have the expertise, so it will be stretching ourselves in area where we are neither financially nor technically capable of handling. Again we say, ours is to contribute, it is not to own the solutions. [...] we are a beer company. We have to do what is within our means. What is within our ... I mean that, health is not our core business. We only believe that we are supposed to have sustainable stakeholders and communities. We work through partnerships and we do not actually do handouts [...] Partnerships with government, partnerships with communities that we seek to support. So at the end of the day we don’t really put a lot of premium on the financial contribution that we make.”*

This strategy of using partnerships is explained by CSR expert Cedric:

*“The problem with CSR that is targeting health is that, there is a professional element to it. In order for it to work, they need medics because the companies you are saying have nothing to do with medicine. They need to partner in order to do these activities and this may not always be welcome.”*

However, Geoff (health worker, AB InBev), contradicts this: the breweries *do* have health workers, and other staff who can be used to run these activities, without involving the health centres. He explains that one of the challenges of collaboration is that the health centres may have different beliefs of their own, that may affect the CSR activities of the brewery.

*“St Francis is a catholic organisation because there was a time that they came here for an outreach and we were telling them to distribute condoms but they refused. They said that it is against their religion. You know Catholics do not support the use of condoms. They do not.*



*Indeed we had a hustle that time. So it was only AIC that gave away the condoms to people that time. Reducing our numbers” (Geoff, Mbarara)*

Although Geoff shows that the values of a health centre could obstruct the objectives set by the brewery, he does not refer to the numerous advantages of partnerships, including the large number of different stakeholders that can be reached in a single outreach with the support of partners.

Nevertheless, findings show that using partnerships is tactical on the part of breweries. As noted by Patrick, AB InBev is not limited to a single type of CSR activity as long as they can find partners who are able to run the activities for them. By engaging in more than one CSR activity, the breweries benefit a larger number of stakeholders in more communities where they operate in partnership. The sub-sections below detail the type of partnerships breweries have.

#### ***6.2.1.1 Partnerships with health centres***

Findings show that both companies provide healthcare insurance for their employees and their families as part of their policy, and this allows staff to access various clinics, in any area where the service is provided around the country. Additionally, AB InBev partners with two health centres in Mbarara and one in Jinja, where this study was conducted. The three health centres all currently provide HIV and AIDS treatment, prevention and care services. According to a health worker in Mbarara:

*“So here in Mbarara we encourage HIV testing of these people, but we refer them to MJAP or AIC because these are our partners in supporting HIV causes. But Jinja gets ARVS, gives them to the community and their employees. Now for Jinja, their partner is St Francis and the AIC in Jinja and TASO and so for those who want to get treatment there, they are referred or they take from the company clinic” (Mutesasira, health worker AB InBev).*

The profiles and the activities that the breweries engage in have been summarised in the tables below. The first two tables (28/29) show the partnerships with the health centres in Mbarara, and the third (30) details activities at the St Francis Clinic in Jinja.

**Table 28: AB InBev CSR HIV engagements at Makerere Joint AIDS Program (MJAP) – Mbarara**

CSR Engagement	Partners with MJAP in Mbarara to offer treatment and care for HIV and AIDS.
Description and genesis of the health centre	<p>-Opened: <b>2004</b></p> <p>- Founder: Established under the then Makerere University Faculty of Medicine with funding from the PEPFAR and technical assistance from the USA Centres for Disease Control and Prevention (CDC) for the provision of comprehensive HIV/AIDS services. Makerere University Joints AIDS Program is a company limited by guarantee under Makerere University.</p> <p>-Location: Mbarara</p>
Services offered at the health centre:	<p>-Services supported by MJAP include screening for ART eligibility, provision of ARV drugs, laboratory and clinical monitoring of ART and training of health care providers in ART services.</p> <p>-ART adherence :</p> <p>In order to reduce losses to follow up, we have a patient tracking and adherence program for patients on ART whereby patients who miss their clinic appointments are actively followed up through phone calls and home visits.</p> <p>-Community Outreaches: AB InBev partners with MJAP to conduct community programs of HCT, blood transfusions,</p> <p>-working together/ training from NGOs that were doing it already for the communities.</p>

*Source: Empirical and secondary data*

**Table 29 : AB InBev CSR HIV engagements at AIDS Information Centre (AIC)-Mbarara**

CSR Engagement	Partners with AIC in Mbarara to offer treatment and care for HIV and AIDS.
Description and genesis of the health centre	<p>AIDS Information Centre-Uganda (AIC) is a health centre opened under AIC. Opened on <b>14 February 1990</b>.</p> <p>The Organisation was founded because of growing demand from people who wanted to know their HIV status. AIC currently offers HCT services through 9 Regional Centres. Location: Mbarara.</p>
Services offered at the health centre:	<p>Behaviour Change Communication (IEC/BCC)</p> <p>HIV Counselling and Testing services (HCT)</p> <p>Elimination of Mother to Child Transmission (PMTCT) services</p> <p>Sexual Reproductive Health Services (Family Planning, Post Abortion Care, Cervical Cancer Screening, SGBV Services, Safe Motherhood and Comprehensive Sexual Education among others)</p> <p>Condom Promotion and distribution</p> <p>Safe Male Circumcision (SMC)</p> <p>STI services and MARPS</p> <p>Other Prevention Services (ART for PEP and HIV prevention for key and priority population, partnership with Blood Bank for blood safety)</p>

*Source: Empirical and secondary data*

**Table 30: AB InBev CSR HIV engagements with Health Centres in Jinja**

CSR Engagement	Partners with St Francis Mbiko in Jinja to offer treatment and care for HIV and AIDS.
<b>Description and genesis of the health centre</b>	<p><i>Opened:</i> 1998 first as a mobile homecare service  <i>Founder:</i> Faustin Ngarambe who had witnessed over 38 of his friends and relatives dying of HIV and AIDS.  <i>Location:</i> Jinja town</p>
<b>Services offered at the health centre:</b>	<p>Runs programs focusing on palliative care, HIV prevention, socio-economic support and livelihoods  Child health and welfare.  Provision of quality medical care, (including anti-retroviral therapy) and social support services to people living with HIV/AIDS.  Counselling and education of the infected and the affected.  Supports initiatives that promote the importance of “positive living” for people with HIV; positive living is a holistic concept that encompasses a positive outlook on life, good home hygiene to prevent opportunistic infections, medical care and good nutrition.</p>

*Source: Empirical and secondary data*

The three health centres run the same activities. However, supporting initiatives to promote the importance of positive living sets St Francis health centre apart. This strategy is used by AB InBev to further contribute to HIV treatment, as discussed in Section 6.2.5 below.

#### **6.2.1.2 Partnerships with Non-Government Organisations (NGOs)**

The partnerships with NGOs are strategic, and are relevant when the breweries are targeting a particular demographic, or activities that they do not want to be associated with directly. Diageo initiated a partnership with the Straight Talk Foundation (STF), an organisation that promotes an extensive range of programmes and activities, focused on improving the health and wellbeing of Uganda’s young people, primarily in the area of livelihoods, and sexual and reproductive health. The partnership, according to Diana, was focused on young people below 18 years old, with whom the brewery could not communicate directly, as per Diageo policy guidelines.

*“For Straight Talk Foundation in particular; you know we are not supposed to engage in activities of under age and yet we needed to do under age education because it is under the commitment that Diageo made. The other issue is also that we are a responsible company need to educate the young people because our product is unique and it is not for young people. But we cannot engage directly with the young children. So what did we do? We scanned the environment to see who actually works with them. Then we also look at their credibility” (Diana, Diageo)*

AB InBev collaborates with the Uganda Private Health Support Program to run activities on HIV awareness and testing. George (health worker Jinja) explains that these activities are mainly carried out in bars through moonlight HCT; they test farmers through outreach and home-based care. He adds that the NGO, along with the government, not only works in partnership with the company, but also monitors their health-focused activities, to ensure that their activities are on track, and that the company clinic has the support necessary to ensure its sustainability.

#### **6.2.1.3 Partnership with the government**

Participants indicate that although the role of government is minimal in influencing the companies' CSR activities, government partnerships with companies in CSR activities are very common. In the case of supporting HIV and AIDS initiatives, AB InBev tests and counsels individuals, but then refers them to a government hospital for treatment. Patrick (manager) says:

*"[...] with government we have what I would call ad hoc, like if you go to a district, of course we visit the District health offices where we go to ask to held the health camp but we don't have the MOUs with them. But St Francis, we have a standing kind of relationship ... Even in home based counselling, we refer them to the government health centre that has a treatment programme" (Patrick, AB InBev manager).*

Tinkasimire, a District Health officer in Mbarara, says that they have a partnership with AB InBev:

*"It is not solid but the companies facilitate the nurses and councillors who go out to the field. They use the government people to run these activities. They inform us of the activities that they are carrying out always".*

The brewery therefore uses government resources, including medical staff and facilities, to run these elements of their CSR agenda (providing treatment for their employees, truck drivers and community members). This is also evidenced in Mutai's quote:

*"[...] we call these farmers and give them a date that on such and such a day we will be having training. Like at the sub county because the farmers are so many so we ask to meet them at the sub county" (Mutai, manager, AB InBev)*

The sub-county houses the government offices and schools, so there is enough space to seat over 20,000 farmers, who are then trained in farming practices, responsible drinking practices, and HIV and AIDS spread and prevention (Mutai, Manager). This falls under the category of strategic CSR, because both breweries and the government meet their objectives.

Various advantages were identified by participants as being derived from engaging in partnerships, including i) enabling the breweries to access areas and stakeholders that would otherwise not be easily reached, ii) the size and reputation of the partner gives the brewery entry into the particular market. Other benefits of partnerships and the reason for choosing the partners involved are summarised by Cedric, a CSR expert:

*“[...] So each of the companies or partners contributes to support a common cause that will benefit the community that they have set out to benefit. So in my experience it reduces cost, it reduces the risk, shared responsibility, fosters publicity, because they think that, “if I am small and I work with a big company my organisation will get coverage and I will be seen as well.” If companies actually embrace partnerships, then the CSR chart for Uganda will quickly move away from philanthropy to strategic CSR. Also partnerships encourage other companies to come on board because if they see that a company is benefiting from the positive publicity they will be compelled to try it out”.*

It is not surprising, therefore, that partnerships are initiated by the breweries. By selecting partners to support in running their activities, they are able meet their CSR objectives and maintain company values. Health workers at the different health centres in Table 31 emphasise this.

**Table 31: Partnerships with health centres are initiated by breweries**

Participant	Health workers indication on the initiation of partnerships
Kajumba, Health worker. St Francis. Jinja	We were already working as an HIV clinic when we were approached by the NBL (AB InBev) guys who wanted us to support their staff at first and then later the community was involved. At the time they approached us it was a dire situation. People were really badly off. They changed the situation. They are still supporting us that way.
Nassuna , Makerere Joint AIDS Research Program	It is just AB InBev for the moment. It is actually the management team in charge of this at their plant who came and talked to us here personally to link their staff and other people. They first wrote to us, they had laid out a plan for looking after people, testing and counselling and first they asked us to go to their plant and check staff and workers and counsel them but after they have been found positive, they would come and get medicine here. Then they also started going to the field to do outreaches. As in like last time we set up in Kakyeka stadium. They gave us tents, chairs and we brought kits and staff. Some staff came from the government hospitals.

<b>Nyakato, Aids Information center. Mbarara</b>	They approached us. Our headquarters in the Kampala office have an MOU with AB InBev Jinja so from that, that is the genesis, So when NBL opened up here in Mbarara, they were like since you are in touch with these people already you can continue working us. So their clinical officer and corporate manager approached us and we started.
<b>Augustine, St Francis health center. Jinja</b>	I told you that this started back. The community was sick. In fact, NBL was the first company to support people with HIV in form of Ceprine and VCT. So I cannot mention a particular motivation but I say that they come to us when they identify a need that the community has and then they support it.

*Source: Fieldwork, participant interviews*

In summary, the most common feature with regard to partnerships was the fact that they are a win-win situation for the breweries, the partners and the beneficiaries. The advantages realised from using the partnership strategy are in line with Nkiko's (2010) argument that companies use partnerships with government and NGOs in order to spend less money, but achieve more visibility from the activities that they engage in. Further, in order to implement and facilitate these partnerships, the breweries contribute financially and provide in-kind support.

#### ***6.2.1.4 Strategies used by breweries to facilitate partnerships***

##### **Financial contribution**

Findings show that breweries invest millions of shillings as part of their CSR activities (see Augustine's quote in this section). The provision of finances by the breweries is in line with Katamba et al. (2012) who argue that financial commitments to CSR are the most common offerings by businesses through philanthropy. Research conducted by Katamba and Gisch-Boie (2008) on 'how CSR is carried out in 50 companies in Uganda', revealed that charitable giving was common among 90% of the companies, rather than engagement in CSR activities that would have to be sustained in the future, or strategic CSR. This also ties into participants' most commonly adopted definition of CSR as indicated in Section 5.2.1: 'giving *back to the community*'. In order to ascertain the contribution made by the breweries, company managers were asked to indicate their company's financial commitment to HIV related CSR activities. Managers from both breweries say that their CSR projects are funded through foundations set up by the breweries. The Diageo foundation is referred to as the East African Breweries Limited

(EABL) Foundation, while the AB InBev foundation goes under a strategy named *Prosper*. The foundations have committees that decide on the activities, and the amount of funding that will be spent on each. Diana (Diageo manager) explains this in her quote in Section 5.2.3.2 on the role of parent companies in influencing the choice of CSR activities.

Both breweries explain that they contribute 1% of their profit to the foundation. Andrew, a manager at Diageo, said, *“We use 1% of our turnover for EABL foundation. This is then cascaded down to the activities like skills for life, water for life, health etc. this is for all the countries as well, so Kenya does the same, Tanzania the same”*. Similarly, a manager with AB InBev explained that 1% of the gross profit of the company was put towards CSR activities.

Whereas a specified amount of money goes towards company CSR activities, it was ascertained that the monetary value of companies’ investment in HIV related CSR activities was not known, even within the companies themselves. Lukwago, a health worker, explained that it was hard to quantify the support that AB InBev provided to the clinic. He explains:

*“They send us their staff and we treat them for free, but they also give us Ceprine and drugs when we run out. Therefore, it is hard to quantify for both parties. Then they also send us their employees to support us, you cannot quantify that in money terms” (Lukwago, health worker, Jinja).*

Contrary to this statement, however, this study found that AB InBev provides funds for the health centre to support the company outreaches and HCT programs. Augustine (health worker) explains the distinction in the provision of funds and services is that the funds are meant for external CSR activities that target community members, farmers, and truck drivers, but not company employees.

*“They give us money to run our projects every year. [...] This financial year they gave us 26 million [shillings] (£7,135.96) but in the previous years, they have been giving us 24 million (£5,217) each year. They come and look at our activities and say, what activities are we engaging in and then they adopt them and give us the money. They take our activities to various communities but the majority around the brewery” (Augustine, Health worker. St Francis)*

Moreover, in Mbarara, AB InBev financially facilitates health workers from government facilities (AIC) or NGO health centres (MJAP) to carry out outreaches and moonlight HCTs. The health workers are also invited over to the brewery to carry out circumcisions and to educate

employees on HIV and AIDS prevention strategies. Health workers, Nyakato (Mbarara) and George (Jinja) explained:

*“They do facilitate our staff when we go for outreaches and even when we go to their employee centre, they give us meals; they give us tea, we have lunch with them. Even, they take us to the common area to have a drink (alcohol) after work. They give fair facilitation to our staff. Something like, an allowance of 30,000 shillings (£6.6/ \$11) per staff” (Nyakato health worker).*

*“In addition, our staff members are facilitated at outreaches that means a lot. You know getting people to work for free at these outreaches can be a bit unfair” (George, health worker)*

Similarly, findings show that AB InBev was also facilitating health workers in Jinja to engage in outreaches, as described by Lukwago,

*“You look at the people from government hospitals and they are asked to work even with meagre pay at such events. It is hard. So they (AB InBev) make it happen for us” (Lukwago, health worker)*

In the same way, Diageo provides yearly funding to the Straight Talk Foundation to run their CSR activities of educating youth on the problems of alcohol and HIV. According to the Diageo managers, the activities that the brewery chooses to fund depend on the proposal that is sent to them by the stakeholders, and its relevance to meeting company objectives. The managers further explain that the activities Diageo chooses to engage in as part of their CSR strategy depend on the needs of stakeholders, the level of the proposed activity, and top-management buy-in. This strategy allows the brewery to scan the environment for issues that affect their stakeholders, as well as to engage community members in the selection of CSR activities, which promotes community participation; Diana (manager) explains that the activities must be in line with company objectives (see quote in Section 5.2.3.2).

### **In-kind support**

Along with financial contributions, it was determined that the breweries contribute to various initiatives with goods and services rather than money. Augustine (health worker) explains that,

*“The first ever activity that they supported us was giving us those chairs, you see them. Yes those ones where the ladies are seated ... that was in 2003 when this place was very small. We had a good number of people but very little support. We had nowhere to put some of the people so they gave us those benches” (Augustine, health worker, St Francis)*



Augustine adds that the Village Health Teams (VHT) use the benches when holding meetings, and they are also used during other activities. During the field work, when the researcher arrived at the clinic for an interview with Augustine at 9:00am in the morning, she found over 20 women seated on the benches in the reception area, listening to a lesson on growing crops to generate extra income.

Diageo, as part of their health-related CSR activities agenda, provide health centres with water tanks and filters, to provide clean water for health workers and their patients. Andrew explains that Diageo recognises that clean water is a scarce resource in Uganda, and therefore engages in activities to make it available to individuals, and community and health centres. Diana links the Diageo water project to their HIV and AIDS strategy:

*“We contribute to HIV initiatives indirectly, how? The water projects we put at Jinja hospital and Mbarara hospital. For the nine things that they do, at every stage they are supposed to wash their hands, before they see patient they wash their hands, when you see a patient, you wash your hands, before you examine, you wash your hands. So all that process, you see that one person goes through a nine step stage and at each of that stage you need water. So the immediate impact I see in Jinja is that we have reduced their utility water bill by half”.*

The study also found that beneficiaries who test, and are then referred to the clinics in Mbarara do not have to wait in line when they arrive. They are given a card that allows them to see the doctor before other patients. Observation showed that the clinics in both Jinja and Mbarara have one clinic day (Tuesday) and there are very long queues. At MJAP particularly, the researcher observed that there were prisoners in yellow uniforms who had come to receive follow-up medication and treatment, making the queues even longer. Therefore, those with a card from the brewery are seen first:

*“[...]When they find someone is ill, they are referred to us and they start treatment or ARVs immediately. Those from AB InBev have a card so of course they do not have to wait in line, they can see the doctor straight. So we have to test them and ask them to bring their spouses. We don't force them. If they do not want, we just advise them that they may be at risk of getting worse if they are attacked by untreated opportunistic infections which may be got from other partners (Nassuna health worker)”.*

Geoff (health worker, AB InBev) explained that they have this card because some of these patients are current or former AB InBev employees and need to get back to work and/ or to their

families. AB InBev and the health centres can also follow up individuals to ensure that they are taking their medication by monitoring card use. This also benefits other members of the community and improves levels of adherence to treatment.

Lastly, through technical support, AB InBev promotes HIV and AIDS outreach activities in the areas where it is to be carried out. Patrick (manager) explains that after they have sent peer educators and village health teams, they promote the activities to ensure they get a good attendance. The large numbers of people tested and counselled contributes to the success of the outreach activities. Nassuna (health worker) explains:

*“[...]To create awareness, these people of SABMiller give us speakers that we use on top of trucks to talk to people. You know megaphones and loud hailers to inform people that, ‘on such and such a day, in this place X, we will be holding this and this activity. Therefore, this pulls many people, especially in the village’” (Nassuna, health worker. MJAP)*

Nakku, one of the beneficiaries at MJAP, explained that she attended one of the outreach activities because of hearing one of the AB InBev promotion trucks hailing them to go and attend the outreach. She says:

*“[...]Because, before when I had not started on the medicine, things were bad. I was very sick. I was always in bed. But these guys of AIC were doing an outreach in our town, and then the truck came to the village saying, register our names for attendance. So I asked my sister to write our names. The outreach was in the field in Kabwohe town. So we went. There were many people. People were selling things but there were plays (drama) on silimu [Slim – local dialect name for AIDS] on that day. They were very touching. So I gained the courage and tested. The good thing is that they counsel you before they test you. So it didn’t look like I was different from the rest” (Nakku, beneficiary, MJAP)*

With regard to technical support, in Kapchorwa, it was found that the breweries provide farmers with machinery to make their work easier, and reduce the amount of money that would otherwise be spent on labour. This technical assistance includes provision of planters by AB InBev and harvesters by Diageo, which the farmers can scan, borrow and return for free. According to Mutai, a male agricultural manager for AB InBev:

*“Ok, we also have planters here that they use [...] Machines that they use to plant so that they do not take a lot of time in the field. We follow up, so they come here and they get the planters. The planters are free; they just come and borrow them.”*

Similarly, Joas (agricultural manager, Diageo) adds:

*“We use it to loan out to farmers. It is parked here because it is faulty and the technician will come to fix it, but when they come, it is taken on a first come, first served basis. [...]. Therefore, instead of taking maybe a week to harvest the barley, they take a shorter time”.*

### **6.2.2 Employee volunteerism- agents of social change**

As data from a number of other studies (Visser 2008; Mele and Garriga 2008; Freeman et al. 2010; Chattu 2015) shows, staff volunteerism is a common practice adopted by MNCs around the world, and Uganda is no exception. The theme, ‘*Using employees as agents of social change*’ was developed inductively in Nvivo, in the data analysis for this thesis because during an interview, one of the CSR managers noted that employees are used as ambassadors to monitor the impact of the CSR activities. Aguilera et al. (2007) agree that staff, through their presence and participation in a community, influence companies to be responsible and adopt activities that create social change.

Indeed, participants in this study note that they invite employees to take part in their CSR activities. Research (Kotler and Lee 2005) has established a correlation between community volunteering and employee engagement; the breweries also benefit from the skills of employees who volunteer and contribute through these activities. In both cases, the employees are not paid for these services, even when they are away from their line of work. Data shows that AB InBev pool their staff and clinic staff with their partners; for example, health workers and NGOs, and they go to into the communities to carry out moonlight HCT (section 6.5.5.1) and other activities. Participants explain:

**Table 32: Participants' experience and perceptions of staff volunteerism**

Participant	Perceptions of staff volunteerism
<b>Nyakato, Health worker, (AIC) Mbarara</b>	Some time back, there was a project that came, [...] it was a project sponsored by AB InBev. A team of people came from Kampala spearheaded by Fiona. We went around testing all barmaids. We were in bars for the whole day. Brewery people (employees) were mobilising seriously and we reached around 340 barmaids. I was very happy about that and I wish that they could do such events more than just once in a quarter. We combed all bars around and yet as AIC, we maybe could not manage to do that. However, AB InBev came in, they facilitated us. We had a big team on the ground. We had mobilisers well paid. They did mobilisation. It was actually a good one.
<b>Augustine, health worker. Jinja</b>	We go to areas around the breweries. These moonlights are done in bars and in areas that we call hotspots. We carry condoms and we distribute them, we also share information in form of verbal as well as vouchers etc. and we tell them to go to centres for training. This is done with their employees. Sometimes they come, sometimes they just facilitate us to go into the field to ensure that as many people as possible are reached. And this has been good so far.
<b>Diana, Diageo manager</b>	So we go and launch with staff so that staff really understand the importance of CSR and how we are impacting on the community. Your staff can also be the monitoring agent. If I go back to the north for example, I will check up on the boreholes and see if they are working.

*Source: Field data*

A variety of benefits are realised when breweries engage their employees in their CSR activities. Employee volunteerism, according to Nkiko (2010), contributes to developing a company culture where employees are aware of company objectives, and live by the company's values. The nature of company culture was witnessed in AB InBev operations; participants noted that each employee has a duty to ensure that other employees have met their target. This is in line with Ramnarayan's (2008) report that AB InBev managers have specific targets for getting stakeholders tested for HIV, and they are expected to give an appraisal of the outlook for this every 6 months. When the researcher arrived at the brewery plant clinic in Jinja, for a meeting with George (health worker), he was wearing a reflector jacket and brewer's hat. When asked why he was dressed like the men on the factory floor, he explained:

*"[...] you see here we all audit ourselves because we have to make sure that we hit the target in every aspect. The brewers have to brew a particular amount of beer every day. So we go and give them moral [support]. We ask them how they can be supported, if they are comfortable. Similarly, they also come here and check if we are meeting our targets. Are we seeing who we are supposed to see, are we meeting the health and safety requirements etc". (George, Health worker, AB InBev Jinja)*

The same practice was carried out by Geoff in Mbarara:

*"[...] HCT is a company goal because even people in technical who make beer. It is their goal. They call you and ask, "Are you doing well on HCT, should we encourage more people*

*to come to the clinic?” The company is very strict on that. Do not even joke on that objective, it even has a budget. We must check on each operation (Geoff, health worker. AB InBev Mbarara)”.*

These quotes indicate that the company instils a teamwork culture among staff, and CSR activities are included in this, ensuring not only employee engagement in CSR activities, but also the sustainability of these activities.

### **6.2.3 Capacity building – training trainers**

Holden (2003) explains that *train the trainer* is a common development strategy used for capacity building by companies and NGOs. In an interview, Diana (manager) mentioned *train the trainer* to explain how Diageo engages in CSR. It means training a person who will in turn train others. In this study, it was noted that both breweries engaged in this strategy. Diana explains that when a borehole is constructed, Diageo creates other processes through which it can be sustained.

*“We train people who remain behind, people in those areas. We form what we call ‘user committees’. They can do whatever they want. We give them some form of latitude whether they can choose how to do it. Maybe ask people to pay a smaller user fee of maybe 200shs a month (£0.04). Depends on how good a community is. Some communities are very active. So that is how they are maintained”*

The user committees ensure the sustainability of the water project as part of the CSR activities that the brewery engages in. Similarly, both Diageo and AB InBev have model farms where practical lessons are conducted on row planting, fertilizer and herbicide administration, and harvesting. Joas, a Diageo manager explains:

*“First of all, we bring them here. We teach them how it is done. You see where I am standing. We make a line of eight. That is the spacing we recommend. This allows them to pass through easily when harvesting or when applying chemicals (herbicides or fertilisers). We also have farmers who have adopted this. We ask other farmers to go and see how it is done. So that we do not have to keep going there. But they can go to these farms to see how it is done”.*

One of the farmers in upper Tegeres in Kapchorwa confirms:

*“My field is up there on that hill. However, I came down to get support from my brother here. He has a model farm. These people of brewery choose gardens that they use to train us. So what they do, we also do. The other garden is in Kapchorwa and others are up there”.*

This discussion indicates that even when the companies leave the communities, the activities are still running. This resonates with Nkiko’s (2010) argument that companies need to find a way to ensure that their CSR activities are sustainable and/ or contribute to the community over a longer period. The brewery activities of using model farms, or other farmers, to train their colleagues in farming practices gave rise to some contradictory responses: farmers who were not visited by the brewery employees were not impressed by the practice:

*“[...] the brewery comes and teaches people down here but they do not come up where we are. They should come up to all farmers. We are also suffering now that it is the rainy season and you see the plants are turning colour to yellow” (Wokuri, farmer, upper Tegeres).*

The criteria for selecting which farmers to train was not discussed in the interviews. Although the researcher considered the training of some farmers and not others a challenge for the community, CSR expert Cedric disagreed. He explained that the companies train trainers to increase their footprint in areas where they cannot reach but the farmers can go.

### **6.3 Impact**

Wood (1991) explains that the level of impact, under the category of Corporate Social Performance, is measured by the outcomes of the companies’ CSR activities, encompassing economic, social and environmental performance, as suggested by Steg et al. (2003). In order to avoid repetition, the section below discusses the findings in three sub-sections. Sections 6.4, 6.5 and 6.6 give further details of the impact of the breweries’ CSR activities, as described by the study participants; and how these activities contribute to mitigating HIV and AIDS. This research adopts a purely qualitative stance, and uses the varied perceptions of the participants who are directly involved with the brewery activities to present the findings. The choice of qualitative methodology is further justified by fact that the case studies (the two breweries) selected for this study use the same methods to design, measure and evaluate their CSR activities. AB InBev manager, Patrick, indicates that in order to understand and measure the impact of their activities, the brewery notes the success stories of beneficiaries, and similarly, Diageo manager Diana says:

*“[...] we need to run an impact assessment and I have not been able to do it because we need to give them time. But now we can go back to areas we have carried out our CSR and review and see what benefits have been achieved. Like the hospitals where we fund water projects, we go and check, for the money they have saved from the water bills, what have they done with it? Then for the communities, have their health status changed? On public health, Kampala has already told us and said that our effort has reduced diseases but that is not based on proper research so maybe that is something that we need to do” (Diana, Manager, Diageo).*

### **6.3.1 Economic performance**

The economic performance of a company is driven by various factors, including value chain performance and economic value added (Steg et al. 2003). Findings show that there were two categories of beneficiaries under the heading of improved livelihoods. The first comprised beneficiaries who, because of accessing treatment, were restored to better health and were able to work, earn a living for themselves and support their families. The second category comprised beneficiaries whose livelihoods improved because of farming practices promoted by the breweries.

The beneficiaries in the first category were those found at health centres. ART treatment has allowed them to live a normal life, and as a result, they are able to work. Kalyango, a male beneficiary at AIC, explained that he was referred by the brewery to the clinic and now that he is better, he is working again and living his life as normal. Similarly, Nakku, a tailor in Mbarara, found out her status at one of the outreaches, and was consequently enrolled on treatment at MJAP, where the interview was conducted. She explained:

*“Now, I tested and the woman told me to go to their offices on Tuesday and she gave me a card. So my sisters did not know that I was sick. They also got cards but were not asked to go on Tuesday. That day I found out that I was sick. I knew why I was always sick. [...] now I am healthy and my kids too. Therefore, I still sew clothes and I do not get sick all the time” (Nakku, beneficiary MJAP).*

The participants said that before access to treatment, their poor health affected their ability to make a living to feed themselves and their families. At St Francis Health Centre in Jinja, the researcher observed that individuals, mainly women, were being taught how to live positively, by teaching them how to make a living and having a balanced diet from crops from their from

gardening. According to Doyal and Doyal (2013), because the HIV virus weakens an individual's immune system; good nutrition is important.

In the second category, as discussed under value creation, the two breweries partner with and support over 40,000 farmers in Kapchorwa. In this win-win arrangement, the breweries provide the farmers with subsidised seed for planting and assure them of a ready market for barley and sorghum, and the farmers provide the land and labour. This partnership has contributed to an improvement in the lives of individuals, the communities in which they operate, and ultimately the country, both socially and economically. Three major themes of economic performance and contributions were identified: i) improved disposable income; (ii) facilitation of transport and access to health centres; and (iii) enabling access to quality education.

#### **i) Value creation and sharing by the breweries**

As mentioned in Section 5.3.2, the breweries engage in partnerships in order to progress their CSR activities. Drawing on findings, data show that the breweries collaborate with small and medium sized companies, providing them with technical support, financial management and agronomical training. In Kapchorwa, Diageo supports over 20,000 farmers and AB InBev over 24,000 farmers. Data reveal that the breweries do not provide financial support to the farmers but rather economically rehabilitate them by providing them with continuous income-generating activities (See Patrick's quote in Section 2.6.1). The farmers get sorghum and barley seed at a subsidised price, which makes it accessible and affordable for most farmers. Kauki, a Diageo manager, explains the barley growth cycle:

*"It takes four months so say about July. And the second harvest is in January. Bukwo has two terrains, highland Bukwo is that one has two seasons and lowland Bukwo has got one season. So that one starts on May 15th to end of July. Of course after giving you those seasons doesn't mean they plant at the same time. There are those late planters" (Kauki, Diageo).*

This strategy is a long term CSR commitment that benefits both the farmers and the breweries. The breweries have a steady supply of sorghum and barley while the farmers are assured of a secure income. Researchers (Panwar et al. 2015; Cho and Kim 2012) indicate that CSR is good not only for society, but for a firm's financial performance.



Consequently, in order to maintain the supply of sorghum and barley, the breweries engage in more activities than just providing seed for the farmers. The managers were keen to mention that they train farmers in good farming practices, in order to not only maintain quality standards, but to ensure the source of raw material is sustainable. They are taught about seasons and planting cycles, the application of fertilizers, the use of the planters (AB InBev) and the harvester (Diageo). All the farmers interviewed mentioned that they had interfaced with either brewery managers or trainees, and/ or had been to a model farm to be taught the farming practices that would help them to improve their crop yield. The quotes in the table below are from the participants, on the training they give or receive.

**Table 33: Evidence of breweries training farmers on good farming practices**

Participant	Perception of the agronomical training provided to farmers
Masaba, farmer, beneficiary	They (AB InBev) used to come but they used to come in times when we are planting and they teach us what to do to get good crops then they also show us these things.
Mutai, AB InBev managers	We train them on agronomic practices of planting, then after planting, we take them through to see if the seed is germinating and if it is we monitor it for pests and diseases. If they are there, we intervene. Yeah we ...after that because the crop takes only three months to grow, we monitor it. And then we go and buy grains from the farmers. The crop is very high yielding. We teach them management to know that when you that when you plant 40kgs, you can get out eight bags in good yield if you do what you were told. A Bag have 800kilos.Times 1250/= . So if the yield is not good they get 3-4 bags. So we have to teach them how to manage the crop. We make sure that they get back what they put in. The advantage is that it has ready market. Then when they bring their barley and it is good we pay them immediately.
Patrick (manager, AB InBev)	So we have enterprise activities with the, agronomy with them up to all these soft health stuff like water, environment.
Musa and Pinto, male farmers-beneficiaries	These people of Nile (AB InBev) have a standard and they come to teach us a lot on farming. They don't want us to have weeds in our crops. Anyway if you want a god harvest, you need to remove the weed.
Sam, farmer Kapchorwa,	What I see them do is coming to teach people about the farming practices but HIV, I don't know
Diageo annual report-2015	Through this project, we have been able to provide small-scale farmers, particularly in dry regions, with the tools they need to produce more sorghum sustainably. We also continually advise them on new varieties and practices, provide access to seeds and credit as well as access to ready markets for their crops.

*Source: Field data*

As mentioned earlier, the brewery uses model farms to demonstrate good farming practices and the results of adopting these methods. Joas (male Diageo manager, Kapchorwa) believes

that model farms provide better lessons than just talking, and allow the farmers to see first-hand the impact of adopting these practices.

Furthermore, the breweries also create channels through which farmers are able to manage their finances. Managers, particularly AB InBev managers (Mutai and Patrick) explained that in some cases, the brewery uses middle-men or agents, who are private businessmen, to buy the barley from the farmers and sell it to the brewery. These agents loan the farmers any money they may need, which they are able to pay back from their crop yield. As explained by Wokuri, *“these agents were put to help farmers who were struggling financially to meet their season. It works for some people”*.

The middlemen or agents are beneficial, because with the competition between the two breweries in this area, not selling directly to a single brewery removes friction.

*“They have done well. But mostly I sell to the middleman; it is easier for me so that I don’t have to run around chasing money and then chasing seed. I sell to the middleman. They pay in the garden and even if I need money, they can give me a loan against my produce [...] we agree at a price and so we know how much I will be paying. It works well for me, I don’t complain. Sometimes I used to sell to the brewery but you know they are competing for the barley so when I don’t want to join the struggle I sell to the agents and I get my money”.*  
(Sam, farmer. Kapchorwa).

In spite of Sam’s mention of the competition between the two companies, managers Mutai (AB InBev) and Kauki (Diageo) explained that the farmers are free to sell their produce to any of the breweries, whether or not they provided them with seed for planting. Table 34 below summarises the activities that Diageo and AB InBev engage in to support farmers, as part of CSR.

**Table 34: CSR activities that companies engage in to support farmers in Kapchorwa**

Category	Activity	
Economic	Subsidized quality seeds for planting	Diageo and AB InBev
	Monitor for pesticides	Diageo and AB InBev
	Financial management through middlemen giving farmers loans to ensure continuity in farming.	Diageo and AB InBev
Training	Type and usage of fertilizers and pesticides	Diageo and AB InBev
Social instruction	Alcohol consumption responsibility	AB InBev
	HIV and AIDS prevention, care and treatment awareness	AB InBev
Environmental	Digging boreholes for easy access to water	Diageo
	Planting trees to manage the environment	Diageo and AB InBev

Source: Fieldwork data

**i) *Improved disposable income***

Patrick and Mutai (AB InBev) explains that in the farming communities in Kapchorwa, barley and sorghum farming contributes over 70% of the household income.

*“Their disposable income increases. The benefit because you can see that the training given to them changes their practice. Therefore, when he or she sells their stuff, you find that the household income has increased”. (Mutai, AB InBev. Manager)*

The contribution is also evidenced in SDG 1, (*to end poverty in all its forms everywhere*), on poverty reduction by improving the livelihoods of farmers and as mentioned by Simiko (farmer) this economically and socially improves the communities where they live. Mutai’s assertion is in line with the statement in the annual report of the company that the company engages in economic development to contribute to a ‘*growing world*’.

*“One of the most powerful contributions we can make to the [Sustainable Development Goals \(SDGs\)](#) is through the jobs we create and sustain and through the economic growth and investment that our business stimulates. This is why we strive to create a growing world where everyone has the opportunity to improve their livelihood” (AB InBev 2017).*

ii) *Facilitating transport to health centres*

Results show that the enhancement in the livelihoods of individuals enables them to have easy access to health centres for HIV treatment. The contribution of CSR is also evidenced in the SDG 1 (*to end poverty in all its forms everywhere*) on poverty reduction, by improving the livelihoods of farmers. As mentioned by Simiko (farmer), this improves the communities where they live, economically and socially. Results show that enhancement of the livelihoods of PLHIV means that they are able to access health centres for treatment.

The interviewed participants mostly mentioned material possessions: for example cars and permanent housing, as well as being able to send their children to school, as a result of partnering with the breweries to grow barley and sorghum. Nevertheless, the improvement of livelihoods has contributed in a variety of ways to HIV and AIDS care, prevention and treatment. Findings show that because of their improved finances, farmers are able to receive treatment and prevention materials by buying them, as opposed to waiting for free government supplies. Most importantly, however, improved livelihoods eliminate the socio-economic challenges that make travel to health centres difficult or impossible. Patrick (AB InBev manager) explains that the breweries' support acts as a bridge between farmers and health centres. As indicated earlier, transport infrastructure in Kapchorwa is poor, and this is attributed to the high cost of transport and the long distances involved. With improved livelihoods, the farmers can easily access the health centres because, they have acquired vehicles or can afford to pay for transport. Simiko explains:

*"[...]You see here we have small pharmacies and clinics but not big hospitals. Therefore, they have to move to Kween town and if it is serious they have to move across the border because there is a mzungu (white person) hospital there and actually that is where most of them go. Now of course most of them can afford some of the treatment. I think that hospital is partly an NGO, because many people go there so it may be a bit cheap".*

Similarly, among the economic benefits identified by participants, owning a car because of a reasonable income from farming was seen as a factor that eased the transport to health facilities. Therefore the breweries, by facilitating farmers finances, bridge the gap between farmers and health centres, as seen from the participants' accounts in the table below.

**Table 35: Improved livelihoods enabling access to HIV treatment and care.**

Participant	Enabling access to health centres
Pinto, farmer	We can go, if your member gets sick, you go and get treatment. Here at the clinic. I do not buy medication but I know that if I need it, I can get it.
Suuna, male, NGO manager	They get transport; let me tell you this place has the worst roads. When it rains. You cannot move, you need a car or a BodaBoda. So when you have one [a car], you can just go to the hospital.
Wokuri, farmer	I can get them good medication when they are sick. I pay for some services when we go to the private clinic but it is better than waiting at the clinic [referring to Kapchorwa hospital]
Masaba	This is taraka, there are those people [PLHIV] and of course, they go and get medicine. When you have transport, you can reach everywhere. So you sell your crops and get money for transport and other things. It is not hard.
Sam, farmer	Not really, it is only that the roads are now better because of the cement people.
Aidah, Diageo manager Kapchorwa	They have money; the richest people here are farmers. They cannot fail to buy condoms or drugs. Even if it means going across to the Kenyan side to get it.
Chem, farmer	But even if it wasn't free I was able to look after him from the farm money. I did all I could but he had left it to grow too much. He left a beautiful wife and kids. He had made money but I think he got it when he had travelled to Mbale. I do not know. But it was sad.
Aidah, Diageo manager Kapchorwa	Like now most of them have got cars, so why not go to hospital

Source: Fieldwork

Aidah (brewery manager, Kapchorwa) goes on to note that farmers are considered 'rich' in these communities. Therefore, compared to some of the other CSR activities that the breweries engage in, improving livelihoods has a wider reach in enabling access to treatment for farmers and their families. However, contrary to the widely-held belief that improved livelihoods have contributed to improved access to health centres, Sam (farmer) argues that increased trade, and a cement factory, are the reasons that a tarmac road was built, enabling easy travel from one area to another.

Chebedege, a health worker, also asserted that farming has created alternative livelihoods for the female surgeons who previously engaged in female genital mutilation, which used to contribute to increasing HIV infections because of the methods and tools used, including shared knives.

*"These were areas where FGM was very common. However, when the breweries continue to give them that business of barley, they will fail to practise those bad habits of FGM"*  
(Chebedenge, health worker. Kapchorwa).

Nevertheless, it was noted that the material possessions acquired by farmers as a result of the support from the breweries contributed to a better life for them, and development for the community

including more farmers building permanent houses (Simiko, farmer). This improvement in living conditions leads to other health benefits, evidenced by the quotes in the table below:

**Table 36: Improved livelihoods contributing to better quality of life**

	<b>Better/comfortable lives</b>
<b>Chebedenge, Health worker, Kapchorwa hospital</b>	When someone sells barley, they are not poor anymore; poverty is the cause for HIV, a lot of desperate people.
<b>Musa, farmer</b>	Six years now, originally I was planting maize and nuts and times were hard but my brother introduced me to these people of Nile (AB InBev) They give you the money. I can say that they have changed my life. I am better off now.
<b>Pinto, Farmer</b>	We did not have enough money for food, fees and transport. I told you yesterday, now we are okay. We get hardships but you know how to plan for your money. These guys buy the product as soon as you deliver.
<b>David</b>	At the end of the day when they give these farmers seed and they buy their product, they are contribution to livelihoods but that is not important. The major thing is that they are creating more jobs for those who dig, who weed etc. Therefore, they are benefiting the community. That is all CSR
<b>Sam, farmer</b>	I don't regret leaving teaching, now I can drive my wife to church,
<b>Suuna, male, NGO manager</b>	The prices are also relatively stable, you can predict how much you are going to earn at the end of the season
	<b>Permanent Housing</b>
<b>Chebedenge,</b>	Now my brother has built a permanent house, a nice one. He owns his own car now and he is buying more land
<b>Simiko, farmer, hotel owner</b>	The town has grown even if it still looks bad but it is okay now because people get more money to spend. Yes, others build and get out of mud hoes to good houses. I started in 2003 planting barley, but other 5 years from 2003 to 2008, the crop was very good because I bought my first vehicle. It was 2006. I bought this car mostly by planting barley and taking it to the agent.
<b>Chem, farmer</b>	For me now I do not have a permanent house yet but I am comfortable. The money comes but I do not want loans so I manage.

*Source: Field work*

### iii) Access to better quality education

The other important thing mentioned by farmers was that they were able to afford tuition fees and to send their children to better quality schools. According to Ghaffar et al. (2004), there is strong evidence that good health is linked with access to education. Filmer (1999), in their research, found that in many developing countries, a mother's level of education correlates highly with the health and survival of her children. Educated parents are more likely to adopt health-promoting behaviours, avoid unsafe ones, and seek professional help when their children are unwell (Ghaffar et al. 2004). By improving livelihoods, the breweries are also improving levels of education, and thereby reducing HIV and AIDS rates. Filmer (1999) reason that education allows individuals to comprehend and apply knowledge to reduce or eliminate the burden of a particular disease, condition or risk factor. This supported by the breweries for example,

*“In the context of smallholder farming, we understand the right to train a future generation of producers through accessible chores alongside school education, but have zero-tolerance for any work that jeopardises the health, safety and morals of young people” (Diageo 2015, p. 3)*

**Table 37: Improved livelihoods contributing to quality education**

<b>Chebedenge, Health worker, Kapchorwa hospital</b>	All my brother's kids are in school, he sell and gets school fees. When these people get money. Like they can sell 10bags of barley and they send their children to school. And you know when the rate of school dropout is low it reduces poverty rates. in fact this has contributed to reducing HIV
<b>Musa, farmer</b>	Before were ok. We could make a way, but then school fees was a problem. When we sold our maize to middlemen to take to Kampala or in Kenya through Kween. We did not get enough money.
<b>Pinto, farmer</b>	Now when you plant you know, my money is coming, you can even tell the school to take the child because you know the money is coming.
<b>Simiko, farmer, hotel owner</b>	They get money and then send their kids to Kampala
<b>David, CSR expert</b>	These farmers send their children to Kampala now. To good schools
<b>Suuna, male, NGO manager</b>	Barley is such an important crop right now; it is called the school fees crop. It has filled a void because what happens is that after 3 months or so, you are required to pay school fees and this crop matures in three or four months and then you have money.
<b>Wokuri, farmer</b>	My children are in school now.
<b>Masaba</b>	I have 8 children and they are all on school now and two are now in college
<b>Sam, farmer</b>	[...] our children finished school. One of them is a doctor here in Kapchorwa

*Source: Field data*

As noted in Section 5.3.2, the health of farmers is important for brewery operations, because they are the source of its raw materials. Similarly, brewery CSR activities have greatly contributed to enabling over 40,000 people to have access to basic needs, improved transport, access to health centres and to pay for good education for their children. This has led participants in Kapchorwa to perceive the partnership between farmers and breweries to significantly contribute to improved socio-economic development, and thus improved access to healthcare needs, including HCT, testing, counselling, care and treatment.

*“Barley being in Kapchorwa has enabled people to survive, whether they have HIV or not because by farming. I mean by benefiting one farmer you are benefitting the community so you see that these people are doing a lot. Therefore, you are saying HIV but people get money, here we plant maize and we stay with it for a year without selling. For barley in four months you already have your money” (Farmer 3, group interview. Kapchorwa).*

However, other participants believe that the improved economic situation has led, not to the prevention and treatment of HIV, but to new ways for HIV infections to increase. Firstly, Chebedenge (health worker) explains that the improved road network and bigger disposable income of farmers has led to an increase in the number of sex workers in Kapchorwa, and when the farmers receive money from the sale of their barley, some spend it on socialising, a fact to which both Mutai and Chebedenge also link the increase in the number of sex workers in Kapchorwa.

Secondly, Mutai raises the issue that with an improved economic status, some farmers marry a second wife and this creates a sexual network, through which HIV may be spread. However, Wokuri, a farmer, says that, as a result of economic expansion, farmers take a second wife to manage the farms in town, while they are in the villages.

## **6.5 Social performance – fast-track development goals**

Empirical data supports the argument of CSR optimists (Amaeshi et al. 2008; Agaba 2009; Ackermann and Eden 2011; Balch 2015) regarding the potential positive contribution of breweries to social development, and particularly with regard to issues surrounding HIV and AIDS. In this study, the HIV-related CSR activities of Diageo and AB InBev were studied and mapped out, using themes developing from observation notes, participant interview responses, company websites, media reports and partners' websites. Using the framework extended from that of Ten Pierick et al. (2004), this section aligns participants' perceptions of the contribution of the brewery CSR activities to the Uganda National Strategic Fast Track targets (UAC 2015a). Uganda is among the countries that has adopted the Fast-Track strategy, under the UAC (2015a) treatment guidelines, which summarised it into four target areas, including (i) prevention, (ii) care and treatment, (iii) social support and protection and (iv) systems strengthening the thematic goal.

The CSR activities are multi-faceted, and as established in Chapter 5, they are all directed towards the companies' sphere of influence, for example, employees at the workplace and neighbouring communities, as well as other communities where individuals along the supply chain operate. The direct HIV-related CSR activities ranged from providing free condoms, training on HIV prevention and treatment, male circumcision, and home-based HIV testing and



counselling. On the other hand, activities that contributed to HIV mitigation mentioned by participants included improving the livelihoods of farmers, promoting responsible drinking, and providing water tanks to hospitals to improve health workers' working conditions.

### **6.5.1 HIV and AIDS prevention, interventions and behaviour-change efforts.**

As indicated in Chapter 2, in order to be successful in reducing the number of new infections, it is important to adopt a strategic combination of preventive approaches: behavioural, biomedical and structural, that include a range of primary prevention methods focused on both HIV-negative as well as HIV-positive people (UNAIDS 2016a). Behavioural-change strategies focus on preventing the further spread of HIV, and these include promoting HIV testing and counselling, preventing risky sexual behaviour, male circumcision, and condom use.

#### ***6.5.1.1 Increasing HIV Counselling and Testing Provision***

As mentioned above, HIV-awareness drives not only educate and train individuals on how HIV spreads, and suggests strategies to prevent contracting it, but also on the benefits of starting on treatment. The literature (UNAIDS 2015a; UAC, 2015a;b) shows that one of the major contributors to the increase in the number of new infections is the fact many people do not know their HIV-positive status, and so pass the virus on to their partners. As discussed below, findings show that the most notable contribution of the breweries to HIV and AIDS care, prevention and treatment, has been getting a large number of people to test for HIV, and find out their status. Geoff (health worker AB InBev) explains that counselling is an important part of the HIV testing process, because it *“helps them handle their emotional feelings”*.

Diageo encourages employees to test and be counselled for HIV every year, as part of their HIV awareness drives. AB InBev adopts four strategies to get people to test for HIV. The first involves encouraging their employees, truck drivers, farmers and other community members to access the company clinic to be tested for HIV quarterly. The other strategies are detailed below under three headings;

- i) Homebased HIV counselling and testing
- ii) Moonlight HIV counselling and testing
- iii) Health fairs and community outreach programmes

An AB InBev manager explains that that HIV testing and counselling is important; however, because of the various challenges involved in accessing health centres in Uganda, including long distances and social-economic problems, strategies such as homebased HCT are introduced:

*“Our biggest success was that we knew that these health fairs were points where not everyone will be willing to come, because there are other things to do, there may be a distance. You know these health centres were built at sub-counties and if you know the way Uganda is structured, the sub-county has a radius of maybe up to 10 kilometres or more. Therefore, we expect people to come from that point. So we knew that that would not ultimately generate enough HCT. So we added on home- based counselling and testing and that was the most fundamental thing” (Patrick, Manager. AB InBev).*

Patrick’s assertion confirms the findings in Section 5.3.1 that companies engage in CSR activities to meet the needs of stakeholders in the community. AB InBev therefore integrated homebased HCT into their CSR, to meet the distance requirements of stakeholders, as discussed below.

#### ***i) Homebased HIV Counselling and Testing***

Nyende (health worker) explains that homebased HCT involves peer educators going to people’s homes to encourage them to test for HIV. The peer educators are trained at the St Francis health centre under AB InBev sponsorship, and they move from door to door in farming communities in the areas of Jinja, Kapchorwa and Mbarara, where the company operates. They are facilitated with transport in the form of bicycles, and with mobile phones to ease their communications as explained by participants below.

*“Therefore, the first thing we did was to have peer educators. Because we knew the HIV education systems, you need to first have peer educators. Peer educators were trained and equipped with bicycles, mobile phones. First all the peer educators plus some health assistants would go into our communities.... The peer educators’ work was to go in the communities and do registration to know which households were willing to be visited by the health workers. These then go and do the counselling and do the testing. Moreover, do the testing management. Then referrals”. Patrick, AB InBev manager)*

*“[...] now there are categories. The peer educators are like the front people but they only advise people to go and test but do not necessarily test. They are present during outreaches and active in counselling but here in the east, they are mainly asked to go through the communities to talk to people before the day of the outreach. Yes, that is when my team comes in, I am a trained clinician and my team works with the Village Health Teams to identify those people in the community who have seen need support and so through the NBL support we can go and do tests in their homes. That thing was started by AB InBev to reduce on the stigma because they found that people really feared to come for testing for fear of being seen” (Nyende and Mwanje. Health workers. St Francis Mbiko)*

This homebased HCT is a precursor to health fairs and community outreach programmes carried in the communities, and these draw large numbers of people. Therefore, the peer educators and village health teams discuss not only HIV prevention and testing, but also communicate the benefits of attending an outreach. However, whereas this is counted as a success on the part of the brewery and the health workers at St Francis Mbiko, Suuna and Junior, health workers with Action Aid, emphasise the fact that bicycles are not a good mode of transport in Kapchorwa:

*“[...] those ones are not doing their work but even getting bicycles in the first place was wrong. Getting bicycles to Benet was very wrong, that terrain is just impassable. It is impossible, just imagine how you came up here [points to the high slope we had driven up], can you do that on a bicycle? Bicycles work in flat terrain areas”.*

The researcher observed that actually, in Kapchorwa, the most commonly used means of transport for carrying jerrycans of water and foodstuffs was donkeys.

**ii) *Moonlight HIV counselling and testing (HCT)***

Moonlight HCT mainly targets pub workers, sex workers and consumers in bars and restaurants. Augustine, a health worker at St Francis, Jinja, explains that Moonlight HCTs have been their most successful activities, because they reach many people and these often agree to go for testing and counselling. Nyakato, a health worker in Mbarara, also said that the most successful brewery activity to promote HIV awareness is the moonlight HCT activations. This targets vulnerable groups of people in the communities, and results in the highest numbers testing for HIV. Kyeyune (2016) explains that the urban poor spend most of their daytime in

informal trade to earn a subsistence income, and therefore have limited time to go for HCT. Geoff, a health worker in Mbarara, explains that during their free time spent at a bar, they have time to listen to HIV talk, receive free condoms, some accept to go to the clinic for testing. The participants reported in the table below highlight these moonlight HCT activities.

**Table 38: Moonlight HIV counselling and testing (HCT).**

Participant	AB InBev contribution to Moonlight HCT
Nyakato, Health worker AIC. Mbarara	Some time back, there was a project that came, I don't know if it was a project or an activity sponsored by AB InBev. A team of people came from Kampala spearheaded by Fiona. We went around testing all barmaids. We were in bars for the whole day. Brewery people were mobilising seriously and we reached around 340 barmaids
Patrick, AB InBev manager	And then considering bar workers as agents for reaching the consumers because we know many of the hospitality workers are also often approached. Some of them are interested but some are not and yet they are approached by clients to have sex with them and you know what else happens in that case. So certainly if they are approached, we equip them with condoms, information to be empowered. In order to advice other people to stick to their married partners. Or If they want them at least be able to protect themselves.
Augustine, health worker, St Francis. Jinja	The moonlight HCTS have been very successful form where I am sitting. We go as far as Mbarara where the company has got a brewery. We go to areas around the breweries. These are done in bars and in areas that we call hotspots. We carry condoms and we distribute them, we also share information in form of verbal as well as vouchers etc. and we tell them to go to centres for training.
Nyende and Mwanje health workers, Jinja	We target the prostitutes and truck drivers especially and we mainly focus on the bars of Nakibizzi and Mbiko. Then of course, the outreaches but those are not usually common and they are dominated by the government not companies. Government also usually initiates them although NBL comes and is a part of it, they volunteer their staff, and they give us water and also give us tents to use. So especially on HCT. They have made it possible to test many people and create awareness about HIV.

*Source: Field data*

The accounts in the table above indicate that the moonlight HCTs are popular, and both brewery employees and health centre workers attend them, to increase the number of people tested. Geoff (health worker) explains that the moonlight HCTs bring services nearer to the people who need them, the condoms are given out free, and so this is cost saving for the sex workers.

### *iii) Health fairs and community outreach programmes*

These are run in partnership with government agencies and NGOs, and with the health centres that AB InBev partners with, for example MJAP and AIC in Mbarara, St Francis Jinja, and The AIDS Support Organization (TASO). This is illustrated in participants' responses:

**Table 39: Using health fairs and community outreaches to promote HCT**

Participant	Perception and experience of health fairs and outreaches
<b>Mutesasira, health worker, AB InBev</b>	We also move out and we do it in the community, we organise health fairs. It has become an open thing. Even that of the company, it is still open to the community, if you want you just come. Now, if you test positive, you can enrol, that is with the Jinja clinic, you enrol with the Jinja clinic. You are started on treatment. Company gets the medication directly from JMS.
<b>Augustine, health worker, Jinja</b>	In Jinja here we may reach about 180 to 200. In Mbarara, we reach over 200 and then these farming communities of barley and wheat I do not have accurate figures so I will not disclose them.
<b>Patrick, AB InBev manager</b>	Atypical health fare would pull about 3000 people turning up max and those who wish to take on HCT would be the ultimate end result and that allows you know whether you are HIV positive and all this was done with AIDS Information Centre, the local health centre where the fare is held. So if someone is found to be HIV positive, they are counselled and referred to the health centre for the necessary screening for DC4conut and all these, they have referred to the AIC, to the TASOs so we have really facilitating awareness and the strength to take a test and then the subsequent management in case you are positive including people who are then supported but really our biggest success was we knew that these health fares were [...]. So we knew that that would not ultimately generate enough HCT. So we added on home based counselling and testing and that was the most fundamental thing.
<b>Nyakato, health worker, AIC. Mbarara</b>	Normally an outreach at SABMiller will reach 200. That is a maximum of 200 and a minimum of 150 clients and mostly with HIV counselling and testing. Then other services like circumcision or cervical cancer we get a maximum of 10 and a minimum of 5.

*Source: Field data*

As evidenced in these participants' accounts, health fairs and outreach activities attract a large attendance, and the numbers who take up testing for HIV are high. Health workers Nyakato and Augustine (see table above) estimate that in a single outreach, over 200 people are tested for HIV in Mbarara, and up to 200 in Jinja. Nevertheless, Geoff provides actual figures for the fair conducted in Mbarara on the 4<sup>th</sup> December 2014:

*“When we last worked in the community, last week on the 4th, 373 people tested for HIV, 30 were circumcised and [we took] blood donations. People donated 48 units of blood. And that is how our things move. When we do VCTs we also add in some services like blood donation, cervical cancer etc”. (Geoff, health worker. AB InBev).*

By providing the researcher with actual number of people tested, Geoff confirms the discussion in Section 6.3.4: that the brewery provides information that is used in monitoring and evaluating the activities of the health centres. Geoff's reference to other activities, for example blood donation and cervical testing, are noted, but not discussed further because they are not relevant to this study. Nevertheless, the contribution that the company makes to HCT is summarised by Geoff:

*“In short, the brewery contributes to improve the wellbeing of the community due to the various health screening programmes available, hence easy & early detection of any new illness. The referrals made then enable access to treatment” (Geoff, health worker. AB InBev).*

#### **6.5.1.2 Promoting condom use**

Research (WHO 2014) indicate that condoms are an integral part, not only of HIV prevention, but in preventing other sexually transmitted diseases such as syphilis and gonorrhoea. And yet, as indicated in Chapter 2, in Uganda, condoms run out, although findings show that both breweries supply condoms to their stakeholders. Diana (Diageo) explains that for employees the condoms are available at the clinics and in public toilets. However, the researcher observed an empty box of condoms in a toilet, which means that either the staff use them actively, or that they are not frequently replenished by the company. AB InBev also provides condoms for their employees and other stakeholders along their supply chain:

*“Actually other things are done like the corporate affairs office buys condoms and distributes them to bar workers, local communities. The government also supplies /distributes some free condoms to us at the clinic to give away to those who need them. [...] we do this in pubs, we distribute condoms there as well”. (George, health worker. AB InBev clinic, Jinja)*

*“Like for condoms, the condoms are put in the toilets because there people will not know who picked up the condoms” (Nyakato, Health worker. AIC).*

In Nyakato’s description above it is noted that the stigma attached to someone carrying or even being seen getting condoms, is very common. Therefore, even when the condoms are free at the health centre, only a few individuals will pick them up. The account below explains this situation further.

*“Last time there was a debate in parliament tabled by this man Mutekyere. He was telling those people that we put condoms in toilets but who is using those condoms? Every time we go there they are finished, we find empty boxes [...] and yet when you got to put a tent at the parliament, you will see no member coming to test. They will not come. Sometimes you also wonder if they know how to use condoms because they do not want to attend any awareness programmes [...] you find a banker who does not know how condoms work. They even ask, ‘we hear about female condoms, how they look like?’ Because they are stigmatised, they cannot come up to say teach me how it is used or how it is relevant” (Nyakato health worker. AIC).*

This also indicates that ignorance with regard to the use of condoms may also be a reason why they are not used, in addition to the stigma. UNAIDS (2016b) explains that in order to reverse this,

*It is critical for governments to create an enabling environment among policy-makers and service providers, so that users will be made aware of their risks, feel free to demand and access male and female condoms, and have the knowledge to use them correctly and consistently (UNAIDS 2016b)*

However, Nassuna (health worker) notes that during the moonlight HCTs in the bars and pubs, the uptake of condoms is high. She explains that, “*It is a major success, of course this is Uganda, everyone wants free things, so when they see the condoms they hurry.*” Therefore, the location and context of the project, coupled with information on how to use condoms, may influence individuals to take up and/ or use them.

#### **6.5.1.3 Voluntary safe male circumcision**

As well as providing condoms, the health centres with which AB InBev partners offer voluntary safe male circumcision to stakeholders who go in to test. As mentioned in Chapter 2, male circumcision provides substantial protection against HIV infection (Bailey et al. 2007). Findings show that circumcision has been taken up successfully, as explained by these participants:

**Table 40: Male circumcision: its successful application to reduce the spread of HIV and AIDS**

Participant	Perceptions of circumcision as a prevention method
Nassuna, health worker	We have registered massive success with that. We have many men who come for circumcision here. Roughly about 2000 men. In addition, of all ages by the way. From 15 to 90. Of course, some parents bring their boys when they are still babies but we do not count them as part of the campaign. Circumcision and PMTC are so far the most successful campaigns we have run.
Nyakato, health worker	We do safe male circumcision, HCT, we educate them on how HIV spreads and the advantages of testing them early. These farmers we educate them during the sessions that they get on how to plant and manage their crops. So in one session they benefit on how to make money and also how to keep their lives.
Lukwago, Health worker, Jinja	We do safe male circumcision, treat malaria and other diseases, we treat for HIV and AIDS and this is for children and adults. Basically this is a fully fledged hospital. We have for the last three years circumcised over 5000 men. We do outreach programs and these ones have been very important to Nile breweries, they not only facilitate our staff, give medication, water for refreshment, tents but also give us their staff to support us. So this has become a partnership. We also do prevention of [infection from] mother to child.
Geoff, Health worker, AB InBev	We don't want to be directly involved because one may think to themselves, "this doctor knows me too well." and so not be comfortable with the process and so we use partner staff to do it.

Source: Field data

## 6.5.2 HIV and AIDS care and treatment

As established in Section 5.3, the breweries main focus is on meeting the needs of stakeholders along their supply chain, with particular emphasis on employees. Findings show that both companies provide employees with comprehensive medical insurance, and therefore they can access treatment at various health centres around the country. Secondly, it was determined that both breweries have on-site clinics that can be accessed by employees, directly catering for their medical needs. Both clinics are equipped to handle laboratory tests for blood, stools, urine, malaria, typhoid and HIV/AIDS, and provide free condoms and HIV counselling. The Diageo clinic benefits over 200 people (Diageo company employees).

*“Similarly, in our brewery at Port Bell in Uganda, a new fully resourced clinic was opened to ensure our people get speedy and highly professional medical attention at the workplace”*  
(Diageo 2013)

As mentioned in Section 6.5.3.1 above, Diana explains that before World AIDS Day (1<sup>st</sup> December, annually), the brewery encourages employees to test for HIV at the company clinic. Andrew (Diageo manager) explained that through testing and counselling at the plant, the



brewery encourages part-time and casual workers, who are not part of the company's medical insurance scheme, to find out their HIV status, and seek treatment if necessary. HCT, treatment and care for their employees is the main direct HIV-related CSR activity that Diageo engages in.

Similarly, AB InBev has clinics at their main plants in Jinja and Mbarara, enabling access to treatment for their employees; according to Geoff (health worker, AB InBev), *“AB InBev has well-laid wellness & awareness programmes, aimed at enabling their employees to have a healthy life as far as HIV/AIDs is concerned.”* The study found that AB InBev also caters for other stakeholders along their supply chain: at the clinic at their brewery in Jinja, HIV treatment is provided to employees and third party workers: for example, truck drivers, warehouse operators, and other members of the community.

*“We are registered as a facility that supports the community. So we go to JMS after registering, they visit and inspect the facility, do a feasible study to see how many people will be covered in the area and then they start giving you ARVs. So we register with ministry of health once accredited then we are allowed to get medicine. They deliver for us. Every two months. We make an order to replenish those that have run out. We make a report for the two months and then we use that report to order more drugs. So what happens is we get the drugs from JMS. Joint medical stores in Nsambya”* (George, health worker. Jinja).

In the registered clinic at the brewery, stakeholders are tested, counselled and receive free treatment. George indicated that at the time of interview, over 1000 individuals were accessing treatment by the time of the interview. Additionally, the clinic offers a timely antenatal and laboratory service, available to staff and the neighbouring communities. The opening of the brewery clinic to the community is relevant to assessment of the contribution made towards the mitigation of HIV and AIDS, because according to Geoff (AB InBev health worker), it contributes to the health system as a whole, and reduces the need for members of the community to travel long distances to other areas. Therefore, the breweries' CSR activities contribute to solving the problem laid out by UNDG (2015): that almost all the least developed countries have fewer than one physician and three nurses or midwives per 1,000 people.

### 6.5.2.1 Referrals to health centres

The most common way in which the breweries in the study contributed to HIV and AIDS treatment was through referring individuals found to be HIV positive to the health centres with which they were collaborating:

*“I was referred to MJAP through our company clinic and I very like the services”. (Mutebi, beneficiary, Mbarara)*

*“My wife is also on ART, actually when I tested, she also came and tested. The company doctor brought me to MJAP and they also involved in my wife. But before, my wife had enrolled. She was taking ARVs but me I was still in the state of denial. But when the company doctor counselled me about it, I took it up” (Kalyango, beneficiary, Mbarara).*

The beneficiaries’ accounts illustrate that they have benefited from the brewery referrals. Similarly, Nakku (beneficiary) discovered her HIV positive status at an outreach, and was referred to MJAP for treatment.

Findings show that despite having an on-site clinic in Mbarara, AB InBev is not registered with the Ministry of Health to offer treatment for HIV and AIDS. Nevertheless, at the time the interviews were conducted, the company was engaged in creating awareness, HIV testing and counselling, and promoting male circumcision and referrals:

*“The Mbarara clinic is serviced by MJAP and AIC. Reason being MJAP/AIC is there to support people who have HIV among the sexually active adults. [...] Here in Mbarara, we have not yet started. Reason being I am the one to trigger it but for now the staffs that we have who are living with HIV are still few. So we encourage testing of these people but we refer them to MJAP or AIC because these are our partners in supporting HIV” (Geoff, health worker, Mbarara)*

The three health centres: St Francis Health Centre in Jinja, and AIC and MJAP in Mbarara, with whom AB InBev collaborates, provide treatment to community members as well as employees. At MJAP, Nassuna (health worker) explains, *“Under AB InBev, we have enrolled 50 to 70 people into HIV care”*. Most importantly, because of moonlight HCT and outreaches, the three health centres are able to identify people who are HIV positive, and can provide treatment to the most vulnerable and at-risk populations:

*“Give ART to most at-risk populations like prostitutes, bar workers, couples where one has and another doesn’t, and children under 15” (Nassuna, health worker, MJAP)*

*“Enrol most at risk populations like prostitutes, bar workers and BodaBoda men on ART”  
(Nyakato, health worker AIC)*

With regard to actual HIV treatment, the study found that the brewery clinics and their partner health centres provide Ceprine as a common prophylaxis for those who have tested positive but have a CD4 count too low to start on ART:

*“So when someone is found to be positive, we open up a file for them and then we counsel them and then depending on the CD4 count, we usually start them on Ceprine. Now there are those that may react to Ceprine, we start them on Dapsone. These ones are all taken one a day” (George, health worker Jinja).*

WHO (2016) guidelines recommend Co-trimoxazole<sup>15</sup> prophylaxis to be implemented as an integral component of the HIV care package. This is particularly so in resource poor settings like Uganda (UAC 2010). According to Augustine (health worker), St Francis Health Centre has about 2,500 people on ARVs. About 7,000 are still taking Ceprine. The large number of people taking Ceprine means that sometimes the clinic supplies run out. Nyende and Mwanje (health workers) note that AB InBev often provides St Francis with funds for Ceprine, particularly if they run short, and the National Medical Stores has not delivered yet. At the same time, this partnership has been beneficial to the brewery, because if their clinic runs out of a line of drugs, they can borrow it from St Francis:

*“The other thing is that they fund us to get things like Ceprine especially when we run out or when the government takes long to deliver. It used to be common for mistakes to be made in the medicines and especially in the ARVs, where one line drugs were sent less than needed. In this case they would come in and support us. Now interestingly, also they have been here a couple of times for some drugs but mostly for machinery use like CD4 count checking etc. We have that partnership” (Nyende and Mwanje)*

#### **6.5.2.2 Promoting adherence to HIV and AIDS treatment.**

In order to realise reliable viral suppression, and avert resistance, disease progression, and ultimately death, the WHO (2010; 2011; 2016) and Doyal and Doyal (2013) recommend

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<sup>15</sup> According to the WHO (2016), Co-trimoxazole is a fixed-dose combination of two antimicrobial drugs (sulfamethoxazole and trimethoprim) that covers a variety of bacterial, fungal and protozoan infections. Co-trimoxazole preventive therapy is a feasible, well-tolerated and inexpensive intervention to reduce HIV-related morbidity and mortality. In Uganda it is registered under the brand name Ceprine (Ayebazibwe 2012).

consistent high levels of adherence to treatment. Various challenges to this goal, including difficulty accessing health centres because of long distances (Patrick, AB InBev manager), stigma (Geoff, George, Nyakato and Nassuna) and health facilities running out of treatment lines (Kajumba, Lukwago and George) have been identified by this study. Whereas some studies (Hendershot et al. 2009; Chander et al. 2016) indicate that alcohol abuse leads to poor adherence to HIV treatment, it was not identified in this research. The beneficiaries who were accessing treatment indicated that they were not consuming alcohol as per the doctors' orders (Mutebi) and because their religion did not permit it (Nakku). Data shows that AB InBev follows up on patients who have been referred to the health centres for treatment through their CSR activities.

*“ Even for spouses, we check. You may be here when you are positive and your wife is positive. It is up to you to make sure that your wife gets medication. Simple. But we do make check-ups on these people. Are they really taking their drugs, where we have referred them in Mbarara?” (Geoff, health worker. AB InBev)*

This follow-up ensures that those who have started on ART treatment are able to remain on it regardless of their socio-economic status. Secondly, AB InBev provides its beneficiaries with medical cards, to enable them to see health workers without waiting in a queue for a long time. As explained earlier, on clinic days the queues of people waiting to see the health workers are very long. The brewery card system (see Nassuna's quote in Section 6.2.1.4) contributes to the reduction of stigma, because the individuals can pick up their medication quickly, but also as mentioned earlier, it allows staff and suppliers to get back to work quickly.

Thirdly stakeholders such as truck drivers, who are away from home working, are given enough medication to cover the period of time that they spend away. This, according to Nassuna, enables them to get medication for three months, so they do not have to return every week. They are able to work as normal and remain healthy.

### **6.5.3 Social support and protection.**

The goal of social support and protection is to reduce vulnerability to HIV/AIDS, and mitigate its impact on PLHIV and other vulnerable adults (AIC 2015). In this section, four major contributions by the brewery were identified:

- i. Creating awareness of HIV and AIDS for risk reduction
- ii. Reducing the stigma of HIV and AIDS
- iii. Training in responsible alcohol consumption
- iv. Socio-economic development.

#### **6.5.3.1 HIV awareness and risk reduction.**

The results of this study show that the breweries contribute to target three of UNAIDS (2016) ‘90% of young people are empowered with the skills, knowledge and capability to protect themselves from HIV’, by engaging in two forms of training: HIV and AIDS awareness drives, and responsible alcohol consumption training, as discussed below. The phrase ‘HIV and AIDS awareness drives’ was adopted because it was used by two participants, Diana and Geoff, during their interviews. Geoff, a health worker at the company clinic in Mbarara explained that the drives create awareness, which culminates in HIV testing and counselling. Diageo (2015) shows that since 2003, their operating companies across Africa have adopted HIV and AIDS workplace education and prevention initiatives, and provided treatment for employees and their families through the ‘Live Life employee wellness programme’. In Diageo Uganda, the HIV awareness drives are run as a build up to AIDS day, where workers are reminded to test for HIV. Diana describes this operation:

*“Internally we do awareness drives especially around December 1<sup>st</sup>, for AIDS day. We create awareness. Actually this year we want to get out to the fishing community [...] For the HIV day we actually had testing and counselling for staff. We actually run messaging before the event, on the event but you know how people do not want to do those things. I mean ‘what you don’t know doesn’t kill you’ then, we treat staff HIV and spouse. It is for all the staff’s beneficiaries. If they are on the scheme”. (Diana, manager. Diageo)*

Diana also showed me posters (see Figure 37 below) that are placed strategically on the staff notice board where they can be viewed by all staff. They communicate ideas related to HIV prevention; ‘get off the sexual network’; and promote HIV testing and counselling. The photograph was taken on the third floor of the Diageo administrative building, next to the office of the Corporate Relations Director.

**Figure 36: HIV and AIDS posters on the noticeboard, Level 3, Diageo offices, Luzira**



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This study found that at AB InBev, HIV and AIDS awareness drives are run more frequently. According to health workers, Geoff (Mbarara) and George (Jinja) at the brewery's clinics, the drives are carried out to remind stakeholders along the supply chain to test for HIV.

*"You know every quarter, which is every three months, we hold health days where we encourage people to come and test for HIV, cervical cancer for women and for men we test for prostate cancer. We take these things seriously because these mean a lot to the company. We want a healthy workforce because as you may have heard from Corporate Relations, we value our people"* (George, AB InBev Health centre Jinja).

Secondly, data from the interviews and annual reports shows that unlike Diageo, AB InBev engages in HIV and AIDS awareness creation and education activities, and these target various stakeholders along the supply chain, including employees, truck drivers, farmers and other members of the community. These trainings take the form of internal drives, creating awareness at clinics that the brewery partners with awareness creation and community outreaches.

Here, two AB InBev managers explain the strategies that the brewery use to attract people to outreaches in the community, test for HIV, and access treatment if needed:

*“[...] so we provide infrastructure, we provide some logistics, but our partners provide their technical experts. We give them the linkage to our lead farmers. A typical health fare would pull about 3000 people turning up max and those who wish to take on VCT would be the ultimate end result. That allows you know whether you are HIV positive and all this was done with AIDS Information Centre (AIC), the local health centre where the fare is held. So if someone is found to be HIV positive, they are counselled and referred to the health centre for the necessary screening for CD4count and all these, they have referred to the AIC, to the TASOs so we have really facilitating awareness and the strength to take a test and then the subsequent” (Patrick AB InBev).*

*“Access to information, access to counselling. Then when we come to our people who supply us, those are the farmers in the garden we give them information that, ‘you know you people you have to stay safe’. Information that helps them to stay safe [...] Of course we cannot stop them from doing what they do but we can give cautious messages” (Mulangira, Manager. AB InBev).*

This indicates a focus on farmers, but other members in the community benefit because they are able to test for HIV, and be referred for treatment at the various health centres. Staff at St Francis Health Centre carry out the HIV and AIDS awareness training in Kapchorwa, as explained here:

*“The farmers we supported under SABMiller include Kachumbala, Kapchorwa and we give them information. Educate them on HIV and AIDS. Educate them on condom use. Testing” (Augustine, health worker, Jinja).*

As Patrick (manager) indicated, the breweries activities of creating awareness of HIV and AIDS contributes to the number of people coming to be tested, and this may explain why the rate of HIV in Kapchorwa is going up. Increased awareness also leads to more individuals seeking treatment. Additionally, it was also evident that as key stakeholders, farmers benefit from HIV awareness training in other ways: they are made aware of the benefits of family planning.

*“So they (farmers) need this advice but even if it is not for that (HIV awareness), the family planning is so important. Like people here have 15 children, even if they get a lot of money that is not sustainable. Therefore, this helps them to cut down. So the brewery is doing a good thing to come and teach all these people” (farmer 5, group interview Kapchorwa)*

St Francis and AB InBev moderate the activities of the health centres in this area, and the brewery’s activities are moderated by the Ministry of Health and USAID, under their *extending health care through the private sector* project (Thior 2016). This is confirmed by George:

*“Ministry of Health monitors us of course, some officials come to visit us and check our work but we are also monitored by the Uganda Private Health Support Program, which replaced HIPPS. We work with Dr Stella Zawedde and her team. She comes to monitor our work and her team as well. We do a great job especially on awareness and testing. We also test in bars, and we test farmers who come into the plant if they are interested. Corporate affairs is in charge of this docket. They broadcast to staff through emails and ask them to bring their spouses. M&E sustainability” (George, health worker, Jinja).*

The monitoring of the breweries activities is to ensure that they conform to the guidelines stipulated by the Ministry of Health.

### **6.5.3.2 Reducing the stigma of HIV and AIDS**

Stigma and discrimination are among the foremost barriers to HIV prevention, treatment, care and support (UAC 2015a; UNAIDS 2016a;b). Having regard to their productivity, companies, by guaranteeing confidentiality, ensure that employees living with HIV are not stigmatised and bullied. Employees’ health status cannot be discussed with anyone other than themselves. Geoff (health worker) explains that the brewery brings in partners to carry out male circumcision and HCT tests, so that employees are not embarrassed to go for these services:

*“We do not want to be directly involved. Because one may think to themselves, “This doctor knows me too well, what if he finds out?” So they are not comfortable with the process and so we use partner staff to do it” (Geoff, health worker AB InBev).*

In Kapchorwa, participants noted that stigma was very high, and was affecting access to treatment and prevention material:

*“Here in Kapchorwa, people are not living positively, they have stigma. In addition, what happens is that even those who can afford move to other areas maybe even Mbale and Jinja to access ART services because they do not want to be known. They have that fear. Those who cannot afford just hide and just remain in the community and die and give up on life” (Kiprotich, Kapchorwa. Biostatistician).*

Findings show that farmers choose to travel to distant hospitals to receive treatment. This is made possible by the improved livelihoods that the breweries facilitate. Simiko explains that, *“there is a hospital that is over in the neighbouring Kenya that the farmers prefer over the local health centres”*. However, contrary to Simiko’s assertion, Chebedege (health worker)



believes that stigma does occur, but that it does not stop people from collecting their medicine.

Nevertheless, the breweries fight stigma with some direct activities: health policies and insurance for employees and their families, including those with HIV and AIDS, provide them with free medication, and when they are registered at a clinic that offers the necessary services, they can receive their treatment from there to avoid stigma. These policies ensure that even after employees leave the brewery's employment, or retire, they can still access free medication for HIV for the rest of their lives. UNIDO affirms that when companies support their staff, they reduce absenteeism and increase productivity, as well as reducing the time employees take off work to look after sick family members. *"Well ...to our employees as you know, it is free treatment. Even when you leave the brewery you are still treated."* (Patrick, manager)

Similarly, for benefit of the community, as well as raising awareness of HIV and AIDS (discussed above), AB InBev engages in a number of strategies to reduce and/or eliminate stigma. The participants' perceptions are detailed below:

**Table 41: Participant accounts of strategies to eliminate stigma.**

Participant	Perception on strategies to eliminate stigma	Strategy
Patrick, AB InBev manager).	So home based counselling and testing for all removed stigma, [...] because now you follow someone to their hut, the man and the wife, nobody else is there. At least they know that if they are positive, they do not have to suffer the trauma of walking back from the health centre and what have you. Thinking that some people in the community might know and what have you. So stigma will be reduced by the home based testing and more willingness to test and the effort to take medication and treatment. Therefore, that gave us a deeper reach in these farming communities.	Home-based counselling and testing
Nyende, health worker. St Francis Jinja.	Village Health Teams to identify those people in the community who have seen need support and so through the NBL support we can go and do tests in their homes. That thing was promoted by NBL to reduce on the stigma because they found that people really feared to come for testing for fear of being seen.	Home-based counselling and testing
George, health worker, AB InBev clinic. Jinja	For the community members, we partner with St Francis here in Mbiko and we send them there for check-up and drugs. Now as you know because of stigma, some people may decide that they do not want to take the medicine here, so we refer them to St Francis. For farmers, we give away condoms, we educate them, and we normally have community dialogues with them. We normally have dialogue with them. We discuss health issues, they give us their ideas and that gives us a platform to intervene and help them.	Referrals to other health centres or treatment
Nyakato, Health worker, AIC	Actually, here at the branch, we are providing ARV and we target sex workers, BodaBoda men. Those MAPS (Most- at- Risk- population). For them it is a free service. We do not charge them any only just a bit of support. The condoms we give them are for free.	Target stigmatised group of people

Source: Field data

The strategies that are adopted by the health centres and funded by AB InBev focus on meeting individuals in their homes where they will not be judged. Meeting in their homes also allows families to test as couples rather than alone. This strategy contributes to reducing the challenge of the uptake of HCT among couples, which remains consistently low (below 30%) in most settings; uptake of individual HCT also declined over time (Matovu et al. 2014). These findings call for innovative strategies to increase demand for HCT for couples, particularly younger couples and those who have had no prior HCT. Therefore, the home-based strategy, and referrals by the health centres sponsored as part of AB InBev's CSR strategy contribute to the amelioration of this challenge of testing among married couples.

#### ***6.5.3.3 Reducing excessive consumption of alcohol***

In Chapter 2, the literature showed that a causal link has been established between excessive alcohol consumption and the spread of HIV and AIDS. Various activists and stakeholder groups target alcohol companies' activities, particularly their marketing. Consequently, the two case companies have formulated policies that are focused on responsible alcohol consumption among the stakeholders along their supply chain.

**Figure 37: Diageo brochure and outdoor media campaign on responsible drinking education.**



*Source: Diageo (2015)*

The poster above is used by Diageo to educate people on how to consume alcohol responsibly. It suggests that (i) consumers know what is in their drink; (ii) they choose their drinks wisely by having light beers; (iii) they know their limits, because women are more sensitive to the effects of alcohol than men, (iv) they space out alcohol by drinking water or soft drinks as well and (v) they eat before and while drinking, which helps slow down the absorption of alcohol .

The breweries are vigilant in educating the public on the adverse effects of excessive alcohol consumption. They train and educate people on reducing the risk of HIV, through their responsible drinking promotion programmes. Both Diageo and AB InBev engage in mass marketing strategies using various forms of media, including outdoor advertising on billboards, newspapers, and television, to explain the negative effects of alcohol. Additionally, the breweries engage in mass training for bar and restaurant employees, on not selling alcohol to people under the age of 18, or to those who have already had a lot to drink. This activity of training bar staff leads one to question: if the companies are running promotions to encourage more consumption,

for example offering a television or even land as prizes, how can they convince customers to drink responsibly, or bar staff to encourage them to do so? Cedric (CSR expert) echoes the researchers concerns:

*“How? How are you going to tell them no selling to young people when they are telling them drinking is cool? Then they sell sachets. These can easily be sold because they cannot be seen. So the young people will still buy them. That is not adding up” (Cedric, CSR expert).*

Nevertheless, the training given to the bar owners and staff helps them to identify and not sell alcohol to those under 18, and according to Diana (Diageo manager), the consumer education element of their CSR activities supports people in making responsible choices.

Additionally, Diageo engages in a project that seeks to create awareness on the dangers of underage drinking and associated risks among young people. The campaign started in February 2014, with the Straight Talk Foundation engaging with over 20 schools and communities nationally. The foundation circulates free published information to primary and secondary schools, focusing on safe sex education, and promoting abstinence, the benefits of circumcision, and, most recently through partnership with Diageo, on responsible alcohol consumption. Diana (Diageo manager):

*“[...] in our underage sponsorship, we are working in partnership with Straight Talk Foundation. And what Straight Talk does and has been doing before is sex talk and reproductive education, HIV, and health among young people. Now we have added the alcohol component of ‘do not drink below the age of 18’. It has been proven that in our own literature as UBL that alcohol impairs judgement of a young person. For adults as well but it worse off on children or those under 18 years of age. So, all these other activities that they engage in are done as a result of effects of alcohol. So there is a correlation between the alcohol and exposure of adolescents to early sexual engagement which in the long run can lead to HIV and AIDS. So in that way we can actually say that by supporting that education of no alcohol before the age of 18 with people like Straight Talk foundation, we are actually supporting the HIV drive.”*

This education strategy promotes responsible drinking, and therefore may contribute to reducing risky sexual behaviour. Diageo manager, Diana, explained that the CSR activity of educating on the potential dangers of alcohol helps the alcohol company to kill the problem at the source, rather than wait for it to grow and culminate in issues of risky sexual behaviour, thus increasing the spread of HIV.

#### **6.5.4 Systems strengthening**

Systems strengthening is an effective and multi-sectoral HIV service delivery system that is aiming to ensure universal access to quality, efficient and safe services to the targeted population by 2020. In this study, it was found that the breweries contribute to enabling access to treatment for stakeholders along their supply chain through two major channels: using company assets to offer HIV treatment and care, and contributing to monitoring and evaluation for government statistical purposes. The latter is important, because when the government has accurate and current statistics, it is then able to plan for each community effectively.

##### ***6.5.4.1 Using company assets to offer HIV and AIDS mitigation services.***

Data from this study show that AB InBev not only engages in HIV prevention and care services for employees and their families, but also opens up its clinics to community members. They provide HIV counseling and testing, and training; provide free condoms to community members; and partner with health centres to provide HIV treatment and carry out safe male circumcision. It was also noted that the brewery clinic in Jinja is registered as a Health Centre III, and therefore can provide HIV treatment to those who need it; although the clinic in Mbarara is not yet registered, and therefore both employees and the community have to get treatment from MJAP or AIC. The clinic in Jinja provides comprehensive ART treatment as a registered health centre, as explained by George, a health worker with AB InBev (Section 6.5.2).

The brewery uses brand ambassadors and celebrity endorsement to promote their HIV related CSR, in order to raise awareness and the acceptability of treatment. Augustine, a health worker at St Francis Health Centre, said that AB InBev uses ‘Miss Uganda’ to endorse the CSR activities.

*“We teach people to live positive lives, so we teach them farming, we teach them other skills like cooking, baking. This shows them how to make money on the side. Also I must add that the AB InBev people brought for us the Miss Uganda under Redds, their brand. I do not know if you know it; the girl came here and they talked to people and one promised that if she wins she will be back. She was the second and she came back still and she brought food and they cooked it here with other members of AB InBev when teaching positive living” (Augustine, health worker. St Francis Jinja).*

Hung (2014) in his research determined that celebrity endorsement not only inspires fans but also non-fans who are persuaded by the playful motif to adopt the brand and/ or the activity. In contrast, the use of company brands to support CSR activities was not noted at Diageo, and this was confirmed by Diana in her statement: *“We do not mix brands with CSR issues.”*

#### **6.5.4.2 Monitoring and evaluating government activities**

As noted in Section 5.3.2.1, the breweries strategically adopt activities that are in line with the projects of the government, and those of other international organisations. When AB InBev engages in HIV related CSR activities, it not only refers PLHIV for treatment, but also provides partner health centres with reports on the number of individuals tested and counselled, the quantity of condoms supplied, and the circumcisions carried out, among other data. The number of people supported through the brewery CSR activities are then incorporated into the monitoring and evaluation reports submitted to the Ministry of Health. Nyakato, a health worker at AIC, explains that the brewery’s major contribution to their practice is the reporting and evaluation of the numbers of people reached by their CSR activities, including outreaches, moonlight HCT and company HCT. She explains:

*“It is like now when AB InBev empower AIC to go and test those workers. So when we get the numbers, that this number of people was tested when we conducted an outreach by AB InBev, at the end of the month we compile a report that goes to the district. So that is how the district reports the number of people who were circumcised, tested or treated. Then, they incorporate these into their reports. So they contribute to the number of people who access treatment and VCT and also allow the government to monitor and evaluate easily the work that they doing”*  
(Nyakato, health worker. AIC)

In summary, the social performance, as noted by Patrick (AB InBev manager), involves the breweries selecting activities to manage the health needs of stakeholders along their supply chain. This ultimately contributes to ensuring a reliable, sustainable supply of raw materials, a healthy workforce and a productive consumer base. The section below looks at the final part of corporate social performance category under the impact approach.

## 6.6 Environmental Performance

### 6.6.1 Creating a sustainable clean water supply

There is a debate around the Diageo water projects: managers Andrew and Diana both indicate that by enabling continuous access to clean water at the health centres, they are contributing to keeping the clinics open, and also contributing to solving the issues related to HIV and AIDS, as well as the other health needs of the communities. Although not specific to HIV and AIDS, as an issue that affects the community, it was determined that Diageo, by enabling health centres access to clean water, allows these centres to run their operations smoothly. Turyahika (2013) notes that water shortages and electric power cuts are, especially in rural areas, some of the most pressing challenges that health centres face. According to Diana's evaluation:

*"Therefore, the immediate impact I see in Jinja is that we have reduced their utility water bill by half. But you need to qualify it that that is during the rainy season. And in Mbarara we are yet to check what impact it has made especially after the rainy season but we have not done that" (Diana, Diageo manager).*

However, Tinkasimire, a district health officer, and the health workers interviewed in Mbarara, argue that whereas the water projects are helpful to the health centres, the link to HIV and AIDS is slim. The researcher agrees with Nassuna's (health worker, MJAP) assertion that in these areas, the problem of access to health centres, and the availability of treatment and prevention material, is a greater problem than that of access to clean water at the health centres.

Diageo also enables access to water in the farming communities by digging boreholes. The boreholes dug by the breweries have far-reaching benefits for the farming communities, as explained below

*"[...]mostly the women were spending two or three hours a day going to fetch water on a daily basis for the family, so when they are doing that there is reduced labour. Now when they are doing that the children are also doing that instead of going to school. So by making water available to these communities you solving a number of problems" (Andrew, Diageo manager).*

Diana (Diageo manager) mentioned that it can take over four hours to get water from some existing water sources, and even then, it is not clean. Therefore, by digging a borehole, clean water is extended to farming communities and this frees up time for the farmers' families to

spend more time in the fields. This not only increases productivity and profit for the farmers, but for the breweries as well. This further contradicts the view of Katamba et al. (2012), that CSR in Uganda is not strategic. Diageo benefits from these strategic CSR activities by promoting their own access to sustainable sources of raw material by ensuring there is labour available on the farms. Nevertheless, this research focuses on the CSR activities that contribute to the mitigation of HIV and AIDS. Although the breweries CSR water projects contribute indirectly to HIV and AIDS mitigation, the researcher only found out about this link while conducting fieldwork. No arrangements had been made to interview participants with regard to it, or to determine its outcome. Interestingly, the breweries have also not yet measured the actual contribution made by the water tanks, and Diana (Diageo manager) notes that the company has yet to carry out any monitoring and evaluation to determine their impact on the referral clinics. The researcher did not pursue this issue further; therefore there is not enough data to underpin the water projects and their contribution, if any, to the study objectives.

## **Chapter conclusion**

The HIV -related CSR activities of Diageo and AB InBev were studied and mapped out using themes developing from observation notes, participant interview responses, company websites, media reports and partner organisation websites. The contribution of the CSR activities was presented using participants' perceptions, guided by an extended version of Ten Pierick et al. (2004)'s Corporate Social Performance Framework. Data indicates that both breweries participate in a variety of activities, both directly and indirectly, to contribute to HIV and AIDS projects. Whereas these CSR activities are multi-faceted, they are all directed towards the company sphere of influence: for example, employees in the workplace and neighbouring communities, as well as other communities where stakeholders along the supply chain operate. Direct activities ranged from giving free condoms, training on HIV prevention and treatment, the provision of safe male circumcision, and home-based HIV testing and counselling. Indirect activities involved improving the livelihoods of farmers, promoting responsible drinking, and giving water tanks to hospitals, in order to improve health workers' working conditions. It was mentioned by managers multiple times that the breweries are primarily alcohol-producing companies, and therefore the most common strategy employed when running HIV-related CSR



activities is through partnerships. Therefore partnerships were the most commonly adopted CSR strategy, and were used along with the seven other strategies described. This confirms Katamba et al.'s (2014) assertion that CSR in Uganda is evolving and changing; from companies merely engaging in philanthropic CSR, to strategic CSR. Despite the success in providing HIV care and treatment, and particularly in enhancing HIV testing and counselling, the indirect contributions made by the breweries: for example, improving farmers' livelihoods, has had far-reaching and sustainable effects on the possibility of farmers receiving HIV-related treatment. Moreover, the effects of these mixed CSR activities provide a combined contribution made by private companies to the challenges of Uganda's HIV epidemic. The study's findings with regard to the varied activities that these companies engage in are aggregated to reveal their contribution to individuals, society and the country at large.

## **CHAPTER 7: DISCUSSION AND CONCLUSION**

### **Introduction**

The objective of this chapter is to examine the findings in relation to the research questions. The first section of this chapter reflects upon the selected theory's suitability to answer the research questions raised (Section 7.1). This is followed by an evaluation of the reliability of the methodology (Section 7.2) and the limitations of the study (Section 7.3). Section 7.4 discusses the potential implications this research has on the breweries, other alcohol companies, policy makers and practitioners in general. Lastly, Section 7.5 recommends and discusses further research areas and Section 7.6 concludes the thesis.

### **7.1 Theoretical implications and contribution to answering the research questions.**

As reported in Chapter 1, Uganda is a low-income country with a high poverty rate and several challenges with regard to access to health centres for HIV and AIDS treatment and prevention material (UAC 2014; 2015; Bajunirwe et al. 2016). As a result, Uganda, like many other sub-Saharan African countries, provides suitable ground for multinational companies (MNCs) to run Corporate Social Responsibility (CSR) activities. It creates a platform through which businesses are perceived to contribute to societies' challenges, while still making profits from manufacturing and selling goods and services (Visser 2008; Balch 2015). This study adopted a multi-actor perspective, in order to compare different perceptions of the contribution made by the CSR activities of alcohol-producing companies Diageo and AB InBev. It explores comprehensive personal accounts of beneficiaries' experiences of services received through CSR, the health workers' participation (working with both beneficiaries as service providers, and the breweries as partners), and brewery managers, who not only design the activities, but also determine the extent of CSR funding and/ or the sustainability of the project. Other experiences were sought from independent health experts, in the form of district health officers and CSR experts, because they not only engage with the breweries as partners, but also engage in research around these programmes. This section summarises the key findings of the study, and the related contributions

to knowledge. The main research question: *What is the perception of various stakeholders of the contribution of alcohol companies to mitigating HIV and AIDS?* framed the overall aim of the study. In order to answer this question, four sub-questions were examined, as discussed below,

### **7.1.1 What is the general understanding of CSR among selected stakeholders (breweries, partners and beneficiaries)?**

With the objective of developing an understanding of what CSR is perceived to be among the participants, a critical review of the theoretical understanding of CSR theoretical in existing literature, such as Carroll's (1991) pyramid, was undertaken. Empirical data analysis, supported by the literature, offers conflicting interpretations of meanings for the CSR context. Contrary to the assertion by Katamba and Gisch-Boie (2008), that company managers in Uganda only have a vague idea of what CSR involves, findings show that the managers interviewed for this study are informed and well aware of what CSR is. As can be seen in Figure 24 on the revised version of Carroll's (1991) pyramid in Chapter 5, the definitions of the participants (displayed on the left hand side) prioritisation of activities, and understanding of CSR, are in line with Visser's (2008) adaptation of Carroll's (1991) CSR pyramid. They are classified under *economic*, *philanthropic*, *legal* and *ethical* categories of CSR.

Findings show that whereas participants' definitions of CSR indicated an evolution from '*giving back to the community*' to '*managing the company's footprint across the social, economic, political, and ethical categories*' listed, philanthropy was still considered as the most common form of CSR. Further, it was noted that across all categories of participants interviewed, citing the activities that companies engaged in was the most evident form of describing what CSR is. For the beneficiaries particularly, CSR was perceived as the tangible activities and/ or material offerings (for example boreholes) given by the companies, rather than services provided (such as training in farming practices or improving livelihoods). This understanding creates a challenge for CSR practitioners in Uganda and in other low-income countries. Whereas philanthropists like Elumelu (Rosenkrantz 2014) advocate for a change from philanthropy to more innovative CSR activities that create a lasting impact on community development, in the form of income-

generating activities (for example, supporting barley farmers), findings show that the beneficiaries appreciate donations more.

Nevertheless, Katamba et al. (2014) explain that companies are moving towards strategic CSR where they engage in CSR activities that benefit shareholders as well as the communities where companies operate. Okpara and Idowu (2013) believe that companies are able to achieve financial and social goals simultaneously. Therefore, breweries need to find a balance between philanthropic activities to meet stakeholder expectations, and the business objective of making profits. Nkiko (2010) recommends that for the companies to have impactful CSR, they need to scan their environments before commencing their activities, in order to understand the beneficiaries' needs, as well as their perceptions of the intended initiatives, in order to tailor the CSR activities to these needs.

#### ***7.1.1.1 Emphasis on the ethical and philanthropic responsibilities of the breweries.***

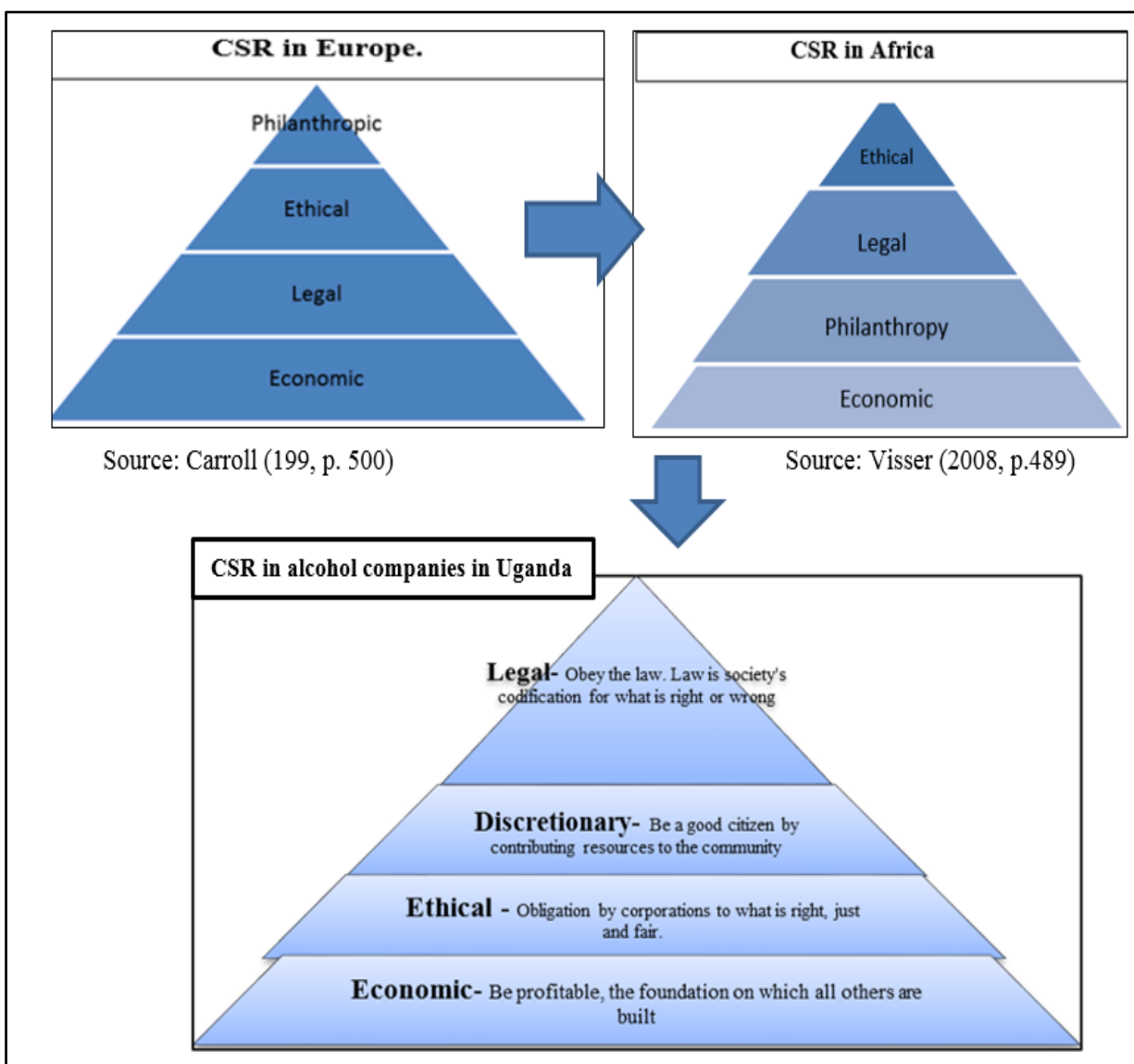
As shown in Figure 17 in Chapter 3, Carroll's (1991) pyramid has been accepted globally as the most inclusive definition of CSR (Ten Pierick et al. 2004). The pyramid received a lot of criticism from practitioners and schools because of its ordering, which is not theoretically justified (Nkiko 2010). Various scholars have adapted the pyramid to suit their cultural positioning: for example, Visser (2008) used the four-part construct of Carroll's (1991) conceptualisation to analyse how CSR manifests itself in the context of Africa. As identified in Sections 5.2.1 and 5.2.2, the findings in this research are in line with Visser's (2008) CSR pyramid of Africa, which argues that, in Africa, companies' economic responsibilities have the highest priority; and then on the second level of the pyramid the philanthropy/discretionary responsibilities are emphasised, followed by legal and finally ethical responsibilities. Visser (2008) further argues that the levels of CSR are blurred: for example, in the case of HIV and AIDS, which may fall under the economic category, because of the duration of the project, and amount that the company spends to treat employees; and the philanthropic category, because HIV is not considered an occupational disease, and contributions to its mitigation are therefore considered as 'giving' rather than a responsibility. Finally, the human rights needs linked to people living with HIV and AIDS (PLHIV), including the stigma associated with the disease, makes it an ethical issue. The

nature of alcohol companies' activities shows that they are under constant scrutiny, as discussed in Section 5.3.2.

### ***Developing a CSR model for the alcohol industry***

Based on the categories of understanding, motivation to engage in HIV related CSR, and practice, the researcher proposes an alternative approach that builds into the alcohol industry's perception of their responsibilities to society. When asked to give their perceptions of what CSR is, the participants' focus was on 'doing the right thing', and being responsible for their actions. As a result, the ethical aspect of CSR is more dominant than the legal responsibility. As discussed in Section 5.3.2, the dominance of the ethical aspect may be explained by the fact that the breweries are under constant scrutiny from stakeholders, activists, and government, among others, because alcohol production, marketing and sales have such an impact on society, and attract a great deal of criticism. Alcohol companies are therefore influenced to take on CSR as a defensive stance. In 1979, Carroll built on literature from other scholars to define the CSR concept as one that *"encompasses the economic, legal, ethical, and philanthropic expectations that society has of organizations at a given point in time"* (Carroll 1991 p. 500). In 1991, Carroll illustrated these four expectations in a pyramid, which ranks business responsibilities in order of relative importance, with economic responsibilities assumed as primary, followed by legal, ethical and finally philanthropic responsibilities. In 2008, Visser carried out research in South Africa, engaged in the African context, and found that in weighting and ordering of the pyramid, philanthropic activities come after economic, as per the stakeholders' expectations of the companies (Visser 2008). His research, however, showed that the expectations of stakeholders follow the order of economic, ethical, philanthropic and then legal. The figure below shows a shift from Carroll (1991) to Visser (2008), and to the proposed pyramid for alcohol companies or other companies whose activities and/ or products may be considered unethical.

**Figure 38: How breweries perceive their responsibility to society and their stakeholders**



*Source: Fieldwork*

The pyramid proposed for this study indicates that the foremost obligation companies have is to be profitable, and produce dividends for their shareholders. As discussed in Chapter 2, and shown in the study findings, the alcohol industry is under constant scrutiny because of the nature of its activities: for example, the marketing and sale of alcohol, but more importantly, because of the impact their product has on the health of individuals and society. The scrutiny is not only of alcohol as a product, but also the pollution of water and air, and the fact that social and economic improvement can, as stated, lead to both positive and negative effects.

## **7.2 What motivates alcohol companies (Diageo and AB InBev) in Uganda to engage in HIV-related CSR activities?**

This research contradicts scholars' (Katamba and Gish-Boie 2008; Nkiko 2010; Bakojja 2012; Katamba et al. 2014) evidence: that companies in Uganda are motivated to engage in CSR in order to develop the communities in which they operate. With the objective of investigating what motivates alcohol companies to engage in HIV-related CSR activities, a critical review of the second category of Ten Pierick et al.'s (2004) CSPF framework: including environmental scanning, issues management, stakeholder management (SM) and value clarification was undertaken. Two major factors including stakeholder management and sustainability of business operation, as well as reputation and the need to protect the licence to trade, were identified as factors that motivate breweries to adopt HIV-related CSR activities.

### **7.2.1 Stakeholder management (SM) and sustainability of business operations**

Moan, Lindgreen and Swaen (2009) explain that managers are faced with the dilemma of defining which categories of stakeholder the company needs to cooperate with and prioritise. The objectives, values, demands and expectations of stakeholders are constantly changing, and therefore the companies' primary objective is to manage the impact of these changes, according to Freeman et al. (2010). Using the issues management approach, this research identified HIV as a challenge that affects the breweries economically and socially, by making farmers, employees, truck drivers, customers and consumers ill, and therefore less productive. Additionally, as already suggested in the literature (Justice et al. 2010; Kalichman et al. 2010; Kalema et al. 2015), and determined under the value clarification approach, this study established that the brewing, marketing and sales activities of the breweries are perceived to be a contributory factor to the growing spread of HIV. Findings show that this is the foremost reason for the breweries to select HIV-related CSR activities; this agrees with Friedman's (1970) assertion that businesses have only one responsibility, and that is to make profit for their shareholders. Consequently, in order to manage the issue, the breweries choose a CSR activity that will not only support their employees, but other stakeholders along their supply chain. Further, results from Section 5.2.3.1 show that all eight managers interviewed from both breweries commonly discussed employees,

farmers and consumers over other identified stakeholders. The findings show that whereas AB InBev reaches more stakeholders under their *Grain to Glass* programme, both breweries focused their support on three categories of stakeholders: employees, farmers and consumers.

*Employees:* Figure 6 in Chapter 2 shows that the HIV epidemic has a broad impact on employees, including increased absenteeism and turnover, loss of skills and lowered morale. Health workers George and Geoff emphasise the fact that as a key performance indicator, they have a target to achieve: encouraging employees and their families to test for HIV every three months. In the case of Diageo, Diana (a manager) explains that on December 1<sup>st</sup> each year, activities around National AIDS Day raise awareness of HIV, and employees are encouraged to test for the virus. Findings show that breweries also pay for medical insurance for employees and they can access various health centres countrywide to receive treatment. However, Cedric (CSR expert) argues that by supporting employees, the breweries are not engaging in CSR, but rather contributing to the ability of the company to make profits. In both case studies, reports show that supporting employee development is part of the companies' sustainability goals. This further emphasises the fact that breweries select CSR activities that contribute to increasing productivity and profit.

*Farmers:* Similarly, results demonstrate that increased absenteeism as a result of illness caused by HIV is a factor that affects suppliers, and this led to a declining labour pool and consequently a reduced supply of raw materials. Barley and sorghum are the main raw materials used by the two breweries to make beer (Diageo 2014; AB InBev 2016). Participants (including brewery managers Patrick and Mutai, as well as health workers George and Augustine) explain that they started supporting farmers in Kapchorwa because the rate of HIV was increasing, and poverty levels were very high. This supports findings from research by Danziger (1994) and Seeley et al. (2010) that in Uganda, AIDS resulted in the depletion of households and as a result, there was a progressive decline in the quantity and quality of agricultural production. The prioritisation of employees and suppliers points to strategic CSR, which benefits the breweries, stakeholders and the community (Katamba et al. 2014).

*Consumers:* In both case studies, Diageo and AB InBev managers indicated the importance of supporting their consumers, another factor which points to an economic motivation for the



breweries to engage in CSR. Mulangira (AB InBev manager) explains that when consumers are ill, they are not able to afford the brewery products, while Patrick (AB InBev manager) explains that by improving farmers livelihoods, they are creating consumers for their products. Lastly, Diana (Diageo manager) indicates that by promoting responsible drinking, the breweries are ensuring consumers will be able to continue drinking their products. Diageo and AB InBev are motivated to engage in CSR to manage their stakeholder needs (Mitchell et al. 1997; Freeman et al. 2010), and ultimately to contribute to the sustained business growth of the breweries (Crane et al. 2008; Visser 2008). This further points to strategic CSR, where the breweries engage in CSR activities to benefit the company and its stakeholders, as well as the community.

However, it is noted that whereas the focus of the participants was on three of the categories of stakeholders (employees, farmers and consumers), the study findings show that some other stakeholders along the breweries' supply chain are considered vulnerable to HIV infections and classified by the Uganda AIDS Commission as 'most-at-risk-population' (MARPS), and these include 'truck drivers' and 'bar workers'. In this study, David, CSR expert, suggests that farmers, by the nature of the travelling they have to do, long periods spent away from home, and their activities in the fields, also need to be included among the MARPS (See David's quote in Section 5.3.2.1. Nevertheless, as discussed in Section 5.2.3.1, findings show that the brewery supply chain is porous and therefore all other stakeholders (farmers, employees, partners, consumers) can be classified under the different categories. The interconnectedness of the brewery stakeholders also means that Diageo stakeholders benefit from the CSR activities engaged in by AB InBev. Similarly, the activities of both breweries benefit the consumers of illicit brew, because, as mentioned by Patrick (AB InBev manager), the CSR activities are not discriminatory, but rather support the whole community.

Secondly, using the SM approach, it has been identified that the two case studies are MNCs, and for this reason, their activities are more likely to be dictated by factors involving stakeholder influence. These factors include parent company influence (Mzembe and Downs 2014): for example, Diageo engages in water projects, cascaded down from the brewery's global sustainability programme. The parent company's country of origin, as explained by Andrew (Diageo manager), and gaps in the health system, caused by a shortfall in government provision,

are also factors that affect stakeholders along the companies' supply chains (UAC 2014). Moreover, as discussed in the section below, the scrutiny and attention that the breweries received from the media and civil society organisations, among other groups, risk stakeholder action (Kasirye and Mutawe 2010).

### **7.2.2 Reputation and the protection of the licence to trade.**

Results have shown that the two breweries are under constant scrutiny from various stakeholders, partly because, as MNCs, they are expected to give back to the community (philanthropy) as part of their social responsibility; but they are also expected to 'do the right thing', or 'be ethical' through responsible manufacturing and managing the environment (see Section 5.1.3). Breweries are proactive in engaging in CSR activities, in order to, firstly, manage the negative perceptions that stakeholders have of alcohol. Under Corporate Social Responsiveness (issues management, Section 5.2.2.1), findings show that participants link alcohol to various negative health issues and risky behaviour that may lead to an increase in HIV infections, and this attracts negative public attention. The negative health issues of alcohol are apparent especially among the last category of stakeholders, the consumers, and this may affect company sales. Moreover, as explained in Chapter 2, a far higher number of people are consuming locally produced illicit brew than manufactured beer (Euromonitor International 2016). In light of this, the breweries face a challenge, because the negative effects of excessive alcohol consumption, even those resulting from locally produced illicit brew, are blamed on them (Kasirye and Mutawe 2010).

However, whereas illicit liquor and homemade brew is the most consumed, and in worryingly large quantities (Kasirye and Mutawe 2010), Cedric (CSR expert) argues that the two breweries contribute to excessive alcohol consumption, because they invest in manufacturing cheaper and more accessible brands to compete with the illicit brews. The attention and activism from stakeholders creates a negative reputation for the breweries (Panwar et al. 2015; Karaosmanoglu et al. 2016) and therefore CSR is the channel that allows the companies to protect their licence to trade. In order to avoid the fate of the Ugandan tobacco industry, which has been shut down, Diana (Diageo manager) explains that CSR is a vehicle to mitigate the image their product has in society. This points to the fact that the breweries' CSR activities are proactive rather than reactive: conducted in order to maintain a good reputation.

Consequently, raising public awareness of the negative effects of alcohol was among the activities engaged in to reduce the problem of increasing HIV prevalence. Breweries engage in activities and conduct publicity to advise their clients to ‘drink responsibly’ and to ‘make wise decisions about risky behaviour’ (George and Geoff, health workers). However, Toesland (2016) alleges that breweries contradict their ‘*drink responsibly*’ campaigns by injecting money into promotions to ensure effective alcohol distribution, price reduction on their products to increase sales, and most importantly, advertising, to create brand affinity. A similar situation was identified by findings that Diageo and AB InBev actively advertise their brands to promote increased brand loyalty. At the same time, CSR strategies to promote responsible alcohol consumption are broadcast in various areas of the media. This suggests that, despite breweries engaging in CSR activities to raise awareness of the negative impact that excessive alcohol consumption has on individuals and society, the motivation to do so is to reduce scrutiny from stakeholders and activists, rather than to solve the problem (the causal association to HIV and AIDS) that is linked to their products.

Secondly, the breweries engage in CSR activities to show that they contribute to society’s social, economic and environmental development. As determined in Section 5.2.2, building a positive reputation is important to the breweries, because by engaging in CSR activities, they reduce scrutiny from stakeholders, preempt issues that may have a negative impact on the company, and then manage them before they affect the companies’ reputation. Managers (Diana, Mutai, Patrick and Kauki) all explain that a company with a positive reputation not only maintains its licence to trade but also builds brand loyalty. According to Crane et al. (2008), brand loyalty creates competitive advantage for a company, and therefore leads to increased sales. Contrary to research findings (Katamba et al. 2008; 2012; 2014), that the government of Uganda does not influence the CSR activities companies choose to engage in, this study shows that in order to maintain and/or build a positive reputation, the breweries align their CSR activities to government and NGO strategies, as a consequence of which, the breweries are seen to contribute to the achievement of national goals: for example, the Sustainable Development Goals (United Nations Sustainable Development Goals 2016) (see Figures 17 and 30). These activities also enable the breweries to interface with the government and NGOs as stakeholders, and this, according to Zadek (2003), facilitates networking and popularity for the businesses.

Additionally, findings illustrate that breweries also build a good reputation by attracting positive media attention through using CSR for public relations (PR) building, despite using the same channel to promote their brands and ultimately grow sales. Contrary to Diana's (Diageo manager) assertion that CSR activities are not marketed in association with company brands, media reports show that the CSR activities that the two breweries engage in are used for PR purposes. Interestingly, the results of this study show that breweries not only compete for sales and market share, but also, as evidenced by Andrew (Diageo manager), compete for PR space for their CSR activities.

*"So we go to do our CSR activities, we plant trees in a place before Jinja it is called Lugazi. We went. We planted our trees, took our photos, when Nile (AB InBev) heard what we were doing, they I think went to their backyard, took photos and the next day they put them in the papers, to beat us" (Andrew Sales manager, Diageo).*

Further, breweries use their CSR activities to show stakeholders that they are a reputable company. AB InBev, for example, refers to the support given to farmers under their 'Grain to Glass' CSR activities as the 'Eagle Project', *Eagle* being the name of their most widely consumed low-cost lager. This further suggests that the brewery supports farmers in order to build brand affinity.

In summary, Section 7.2 contributes to the on-going debate on the motivation of companies to engage in CSR in Uganda (Nkiko 2010; Katamba et al. 2012; 2014). It argues that reputation and SM are important motivations to engaging in CSR; however, on further insight, findings have also shown that the breweries engage in HIV-related CSR to ensure a healthy supply chain, in order to ensure reliable supplies of optimum raw material, employee productivity, and the health, both physical, and financial, in terms of purchasing power, of the consumer. Therefore it further builds into Friedman's (1970) assertion, that companies' primary interest is to make profits for its shareholders.

### **7.3 CSR strategies breweries engage in to support HIV and AIDS issues**

The third research question seeks to understand the nature of breweries' CSR activities to support the treatment, care and prevention of HIV. With regard to the activities and their impact, under

the third category, Corporate Social Performance, analysis of findings showed that the breweries support HIV and AIDS treatment, both directly and indirectly. Through the '*Grain to Glass*' programme, AB InBev engages in CSR activities that directly support stakeholders along their supply chain in accessing HIV and AIDS treatment and care. Diageo engages in the same activities, but specifically directed towards their employees in their Live Life Employee Wellness Programme. Nevertheless, other activities have been identified by this study, which, engaged in by the breweries, indirectly contribute to mitigating HIV and AIDS: for example, improving farmers' livelihoods, and ensuring regional referral hospitals have reliable supplies of clean water to sustain their operations. As noted in Chapter 2, the fast-track national strategies to eliminate HIV in Uganda, adapted from the SDGs, indicate various strategies, including prevention, ART treatment, raising awareness of HIV and AIDS, fostering HCT, and enabling access to treatment (UAC 2015; UNAIDS 2015; UNDP 2016). Findings show that in order to meet their various CSR objectives related to HIV and AIDS, the breweries adopt a number of these strategies. As noted by managers, Patrick, Andrew and Kauki, the core business of the breweries is to manufacture, sell and market alcohol, and therefore their health initiatives are operated in partnership with other agencies.

The outcome of the analysis shows that through the programmes approach, strategies used that include partnerships, employee volunteerism and capacity building were identified as those adopted by the brewery to operate and ensure the sustainability of their CSR activities. Firstly, employees engage in CSR activities as a form of company culture building, and as identified in Section 6.2.2, bring in new skills and ideas for activities to engage in, in order to contribute to societal development. Employees are also used as ambassadors, to monitor the CSR projects that the company engages in the areas where they work, and they have the responsibility of ensuring that they meet stakeholders' expectations. Secondly, under capacity building, the breweries use the strategy of '*training the trainer*', to ensure that when, for example, a borehole is dug in a village, they leave behind a team who will know how to ensure its continuing operation. Similarly, they use model farms to train farmers practically in effective farming methods. The model farms also help the trainers reach farmers living in hilly, difficult to reach areas, who may not be able to attend training sessions, but can visit the farms when on their way to sell their produce. Although participants commonly mentioned employee volunteerism and capacity

building, data analysis shows that partnerships were used to achieve most of the breweries' CSR objectives.

The findings have clearly highlighted the role of partnership between health centres, government offices, NGOs, and the breweries in their direct and indirect support of HIV and AIDS prevention and mitigation. Partnerships were also employed when providing training for farmers, through collaboration with intermediaries and agents, who provided loans to the farmers. As explained by Geoff, a health worker in Mbarara (see Section 6.1.3), the health centres that AB InBev chooses to collaborate with are already engaging in the provision of HIV and AIDS prevention and treatment services. This is because government and/ or NGOs already fund the health centres' activities, and these centres have the knowledge and experience to provide the required services to stakeholders who need them. This study reveals that the breweries contribute management expertise, and for some activities in which they are specifically interested, for example, moonlight outreach programmes, they provide funds. This corresponds to Sylvaine's (2014) claim that partnerships are vital to the sustainability of CSR, because the companies can build on the successes of their partners. CSR expert, Cedric, expressed a similar opinion: that companies need to engage in partnerships, because it increases the reach of their activities, both geographically and in the number of stakeholders encompassed (see Section 6.1.3). Moreover, when companies use partnerships, they can choose whether to engage in long-term or short-term activities (Nkiko 2010).

Regardless of the strategies adopted, the analysis shows that the breweries select activities that benefit their stakeholders and the community, but most importantly, contribute to the sustainability of brewery operations. This has been described as strategic CSR in Chapter 3 (Section 3.8.4). The case study breweries in this study employ dissimilar mechanisms for providing the HIV and AIDS support needed by their stakeholders. As discussed in Chapter 6, (Section 6.3.1), AB InBev engages in HIV counselling and testing at their clinics and through partnerships, and they run other CSR activities, including outreach programmes and moonlight HCT, in parts of eastern, central and western Uganda. Diageo provides water tanks to hospitals in Jinja and Mbarara, as well as boreholes to other local areas where their farmers operate. The nature of their strategies suggests that the two case study breweries engage in CSR as a central and inclusive element of their day-to-day operations, with the intention of deriving benefit.

## **7.4 The perceived contribution of the breweries to mitigating HIV and AIDS**

With the objective of investigating the participants' perceptions of the contribution of the breweries activities towards HIV and AIDS prevention and mitigation, using the final approaches of the CSP framework: economic, social and environmental performance, Corporate Social Performance were used to analyse data. Under this category, the social performance approach was extended to include the Uganda National Fast-Track strategies. Outcome from the analysis shows that the two breweries contribute significantly to environmental projects, including planting trees and digging boreholes. However, the aim of this study is to understand the perceptions of the companies' contributions to mitigating HIV and AIDS. Therefore, this research focused on the social and economic contribution, because these translated into enabling access to materials for the prevention and treatment of HIV.

### **Economic contribution**

Results identified under the economic performance approach show that through activities leading to improved livelihoods and economic independence, both breweries contribute significantly to HIV and AIDS prevention and mitigation. Improved livelihoods create an avenue through which farmers and their dependents are able to afford HIV prevention materials including condoms, as well as getting access to health centres for HIV treatment. This constant access to, and expectation of, a reasonable income, creates sustainable access to treatment and care for both the farmers and their families. Improvements in transport (being able to afford cars) to health facilities also contribute to long term solutions to problems of access to treatment. However, with regard to the economic performance of the farms, there were conflicting opinions; findings also reveal that some participants (Chebedege, Mutai and Kiprotich) blame the increasing rate of HIV prevalence in Kapchorwa on the improved socio-economic status of the farmers. They have more disposable income, which some of them spend in bars, often leading to sexual contact with a wider range of partners; or they are able to marry new wives, to manage their new farms (see Section 5.3.3.2), also widening the spread of sexual contact. This is in line with the research of Martin et al. (2012): that while being richer does lead to health improvements, there may be a causative relationship in the other direction. Further, in line with Loew et al. (2004), this research

found that despite operating and engaging in activities at the micro level, in order to benefit their communities, brewery managers believe that their activities ultimately affect the macro level. Patrick (AB InBev) suggested that the improved livelihoods of farmers also contribute to an increased tax base, while Simiko (farmer) says that the town of Kween has transformed and grown because of farmers earning more money.

The economic performance approach was also important in identifying benefits which accrue to the breweries when they engage in CSR. The participant's perceptions of the contribution of the breweries economic support showed that, whereas the farmers (group interviews with between one and four participants in Kapchorwa, Cheptai, Wokuri and Mutinyu) knew which brewery was providing them with subsidised seed, they did not know which beer brand came from which brewery. Indicating that contrary to the belief by scholars that when companies engage in CSR, they generate positive stakeholder attitudes, better (from their point of view) purchasing behaviours (Du Shuili et al. 2010), and/ or attain a competitive advantage (Porter and Kramer 2006), this study demonstrates that the beneficiaries bought beer brands depending on value, cost and taste. However, the researcher is mindful of the fact, mentioned by Kauki, a Diageo manager (Section 5.2.1.1), that because of the rural nature of Kapchorwa, meaning that the participants were less exposed to advertising, reasonably priced beer brands with a high alcohol content were preferred. The brands of choice stated by the participants in Kapchorwa are those classified as affordable, value brands by the breweries: Eagle lager and Chibuku from AB InBev, Senator and Pilsner lager from Diageo. Justifying the view of Patrick (AB InBev manager, and data from Euromonitor (2013), that illicit brew is consumed more than manufactured beer, findings show that in Kapchorwa, a local brew, 'Komek' was also consumed in large amounts. It must also be mentioned that Komek has been linked to the rising cases of domestic violence in Kapchorwa (Oduut 2017).

In Mbarara, the beneficiaries could identify Nile Breweries Limited (AB InBev) as a sponsor of the outreaches programmes: for example, Mutesasira (AIC Mbarara) explained that, "*I received training on HIV and AIDS and alcohol awareness from the brewery*", while Nakku (MJAP, Mbarara) explained that, "*it was because of the communication by AB InBev that I attended an outreach in Kakyeka in Mbarara*". The beneficiaries also mentioned that from the brand



promotional materials, including banners, mineral water bottles and staff uniforms, they were able to link AB InBev with water brand Rwenzori. However, as in Kapchorwa, the brewery beer brands were not known by the beneficiaries. This may be explained by the fact that beneficiaries Nakku and Martin specifically stated that they had been ordered by the doctor not to consume alcohol while they were receiving HIV treatment (See Section 5.2.1.4).

### **Social contribution**

However, the contribution made to HIV and AIDS prevention and mitigation by the breweries' CSR was evident from social activities to develop communities by managing the issue of HIV and AIDS. In his research, Nkiko (2010) found that companies in resource-poor settings tend to use development goals set by the government and other organisations to monitor the impact of their contribution. Interestingly, this is the case for the two breweries in the study, as depicted in Figures 17 and 30; their CSR activities are tailored to the SDGs of *health, poverty eradication, environment* and *access to clean water*. The breweries directly contribute to eliminating HIV under the four major national strategic HIV and AIDS elimination campaign (Fast-track targets), and ultimately to the SDGs, through:

- i. Target 1, *Prevention*: Condoms, safe male circumcision, improved livelihoods
- ii. Target 2, *Care and treatment*: ART treatment, provision of prophylaxis, improved livelihoods as well as making referrals of those who cannot be started on treatment.
- iii. Target 3, *Social support and protection*: Raising awareness of HIV and AIDS and the negative effects of alcohol consumption.
- iv. Target 4, *Health system strengthening*: Enhancing access to health centres. Access to clean water.  
- Monitoring and evaluation - Contribution to the collating of data on the number of people tested, and those started on treatment

The study shows that the breweries have a plethora of stakeholders who are linked together Figure 29, Section 5.2.3). Being faced with these issues and stakeholder expectations, which influence them to engage in HIV-related CSR, the breweries focus on a diverse range of CSR activities, strategies and stakeholder needs.

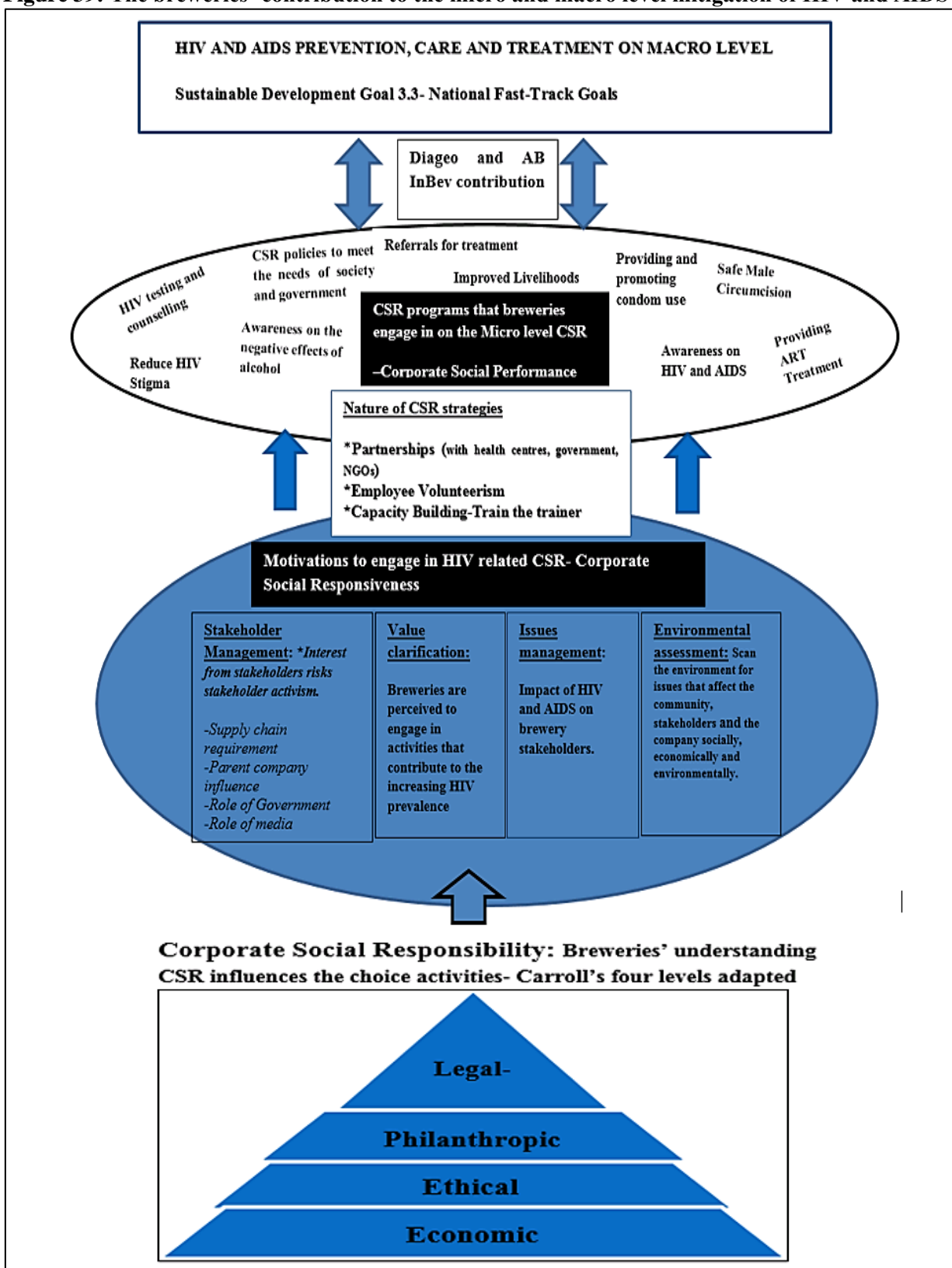
Contrary to Cedric's (CSR expert) recommendation, that the breweries need to engage in CSR activities that directly reflect their effort to mitigate the impact that their activities and/ or products are causing society, this study's outcomes illustrate that the breweries' CSR activities which contribute indirectly to HIV and AIDS prevention have more extensive effects than their direct activities. To illustrate: Diageo engages in activities to enable access to constant clean water at the referral hospitals, and for farmers and other people in the community. Through this, Diageo contributes to HIV mainstreaming: community access to clean water eliminates many risks for young people, especially females, who otherwise have to travel long distances, often in the dark, to get water (Elsie and Katengule 2003). More importantly, ensuring the hospitals have clean running water contributes to health system strengthening, because the hospitals are able to stay open and provide access to HIV treatment. Ministry of Health Uganda (2015) reports that one of the major challenges of health centres is obtaining clean running water. Secondly, both breweries contribute to the improved livelihoods of farmers, which allows them to depend on a sustainable income, and to access and pay for HIV prevention and treatment material for themselves and their dependents. Moreover, the economic development of the community also improves access to health centres through better transport networks. Thirdly, when AB InBev opens up its clinics to the community to provide HCT and treatment, they are reducing stigma in the community and providing access to people who would otherwise have to travel long distances. Therefore, the results suggest that the various strategies that the breweries engage in contribute to the mitigation of HIV and AIDS, within their communities and on a national scale, as discussed below.

#### **7.4.1 The contribution of Diageo and AB InBev to HIV and AIDS mitigation on the macro Level.**

Data analysis shows that the two breweries in this study make a significant contribution to their communities with regard to HIV and AIDS mitigation. In addition, this supports Loew et al.'s (2004) and Hamann's (2007) view that CSR practices at the micro community level have an impact on the social, economic and environmental pillars of Sustainable Development at the macro (national) level. This study therefore supports the argument that cumulative efforts by the two breweries to engage in CSR activities that mitigate HIV and AIDS, improve access to clean

water, improve livelihoods and promote responsible alcohol consumption, contribute substantially to Uganda's targets to eliminate HIV and AIDS. The local livelihoods and governance systems influenced by the breweries practices at the community level have a direct/indirect, negative or positive impact on national/global environmental, economic and social issues. Therefore, this research builds on the empirical data identified in Section 6.3, of the contributions that Diageo and AB InBev make towards community development, and uses them as evidence that the companies make contributions at the macro level (Figure 35 below).

**Figure 39: The breweries' contribution to the micro and macro level mitigation of HIV and AIDS**



Source: Compiled by author from results in Chapters 5 and 6

In locating the linkage between the micro level contribution of the breweries to the macro level, or national targets and efforts, Figure 40 represents the ‘journey’ of this research, and summarises the contribution that Diageo and AB InBev make towards eliminating HIV and AIDS in Uganda. It shows that factors that drive the breweries to engage in CSR at the micro level contribute towards HIV and AIDS prevention, care and treatment at the macro level, through influencing action.

## **7.5 Contribution to empirical knowledge**

Current literature regarding the trend of HIV and AIDS in Uganda shows a steady decline in the number of new infections, as well as a decline in the number of lives lost to AIDS. This may be explained by the statistics (UNAIDS 2015; UAC 2015) which show that there has been an overall increase in the provision, accessibility and quality of biomedical treatment and prevention services, including safe male circumcision and condoms, by government, international organisations, NGOs, and to a small extent, the private sector. In spite of this, however, there remain major challenges, because many PLHIV cannot access the treatment they need, and while infections are now reducing, from 140,000 in 2013 to 52,000 in 2015, researchers (Matovu and Ssebaduka 2013) estimate that this trend drop is likely reverse in coming years. Recent literature acknowledges that increasingly, companies in Uganda are engaging in CSR, in order to contribute to the social, economic and environmental development of their communities (Katamba et al. 2014). However, there has been a call to action for businesses to do more, especially by mitigating the impact their products and/or services have on society (Katamba et al. 2010; 2014). Consequently, a number of people, like the participants in this study, have benefitted or engaged with the activities of companies that target reducing the impact that HIV and AIDs have on the stakeholders along their supply chain and in society at large.

The first original contribution to empirical knowledge this thesis makes is to offer an understanding of what companies perceive their social responsibility to be. However, the CSR category, under the Ten Pierick et al. (2004) Corporate Social Performance Framework and its approaches, shows that the meaning of CSR: what it is, or what companies and stakeholders are expected to do, differs from company to company. This disproves Visser’s (2008) generalisation

that CSR in Africa is perceived to be primarily *economic*, followed in weighting by *philanthropic*, *legal* and *ethical* responsibilities (using Carroll's 1991 pyramid and weighting). Further, this study shows that companies derive their understanding of the responsibilities they have to society as their need to act on the issues of society, and the expectations of their stakeholders and society at a given time. Whereas this further contributes to the confusion in defining CSR, it shows that CSR is a concept that is rooted in the demands of stakeholders, the value of a company, the issues that may affect a company's reputation, and the benefit that the company accrues from engaging in CSR activities. For these reasons, alcohol companies are more focused on their ethical responsibilities, in order to protect their licence to trade.

Secondly, this study identifies the current literature from a developing-country perspective that is applicable to other sub-Saharan developing countries. It shows that the Corporate Social Performance Framework is a tool that can be adopted by companies with limited expertise in CSR to evaluate their contribution to the social, environmental and economic development of society. The framework can also be used specifically to analyse a company's contribution to mitigating HIV and AIDS. The study increases understanding among a wide range of stakeholders on the benefits of CSR, by determining the contribution that their CSR activities make.

Lastly, by helping to fill the gap in understanding the contribution made by breweries in Uganda to preventing and mitigating HIV, this research opens up a paradox. This paradox arises through the fact that the breweries contributions improve livelihoods and standards of living. However, this economic independence is perceived by some participants to contribute to the increasing rates of HIV in Kapchorwa. Chebedenge (health worker) and Kiprotich (biostatistician) explain that when farmers in Kapchorwa acquire money they go to social places to spend it on women; some marry new wives. Therefore, future research needs to build on this thesis to create approaches to engage with farmers who are a possible category of the most at risk populations in Uganda with regard to HIV.

### **7.6.1 Theoretical implications and contribution**

This study fills extant gaps in the CSR, and HIV and AIDS literature, by further probing into the multi-faceted impact of alcohol companies' CSR practices on the health of their stakeholders. It marks the first systematic global health study devoted to investigating CSR as a bivalent mechanism that seeks to manage the contribution of the alcohol industry towards an issue (the causal link of alcohol with HIV) that they have been deemed to contribute to. Therefore, this study makes an important contribution to the literature, with the intention of understanding the private sector's contribution to the health sector, and in a broad way, to the United Nations Global goals (SDG 2015). CSR has no universally accepted indicator to measure the social, economic or environmental performance of companies and their contribution to societal development. Therefore, this research further represents a viable improvement to the current methods for measuring business contributions towards eliminating the HIV and AIDS epidemic by 2020 (SDG 2015)

This research adopts a large portion of an already existing framework, that of Ten Pierick et al. (2004), in order to study the contribution of the case study breweries: socially, economically and environmentally. This research is different, because it extends the framework in order to make it specific to the alcohol industry in Uganda, and particularly to their contribution to mitigating HIV and AIDS. The framework was extended, first by emphasising Carroll's (1991) four categories of CSR, because, as noted by Ten Pierick et al. (2004), Wood's (1991) enhancement was a mere emphasis of Carroll's categories of understanding CSR. In order to avoid repetition, Wood's (1991) principles were eliminated. Second, under the Corporate Social Performance category, the social performance of the breweries is mapped along the National Fast-Track targets for eliminating the HIV epidemic by 2020. The Fast-Track targets are a breakdown strategy from the WHO (2015), to enable the achievement of SDG 3.3. By adopting the four National Fast-track goals to analyse the breweries' contribution to mitigating and preventing HIV, this research reduces the plurality of purpose in characterising businesses' contribution to the health sector in Uganda.

Using the Corporate Social Performance Framework, this study challenges the results of previous research, which reported that companies in Uganda are motivated to engage in CSR because they

want to develop the communities in which they operate (Katamba et al. 2012; 2014). The categories of the Corporate Social Performance Framework also enabled understanding of companies' motivation to engage in HIV-related CSR, rather than 'just giving back' to their communities (Katamba et al. 2012; 2014), and meeting their stakeholders' demands (Freeman 1970; Freeman et al. 2010). This study suggests that the primary motivation for companies to engage in HIV-related CSR is because of their need to ensure sustainable productivity from stakeholders along their supply chain, and ultimately to ensure a profitable organisation. The study also shows that the breweries have a desire to maintain a reputation as responsible corporate citizens, and this motivates them to engage in CSR activities that portray them in this way. Therefore, the adapted version of CSPF presents a fresh insight into the complexity of businesses integrating the health needs of their stakeholders into their activities, while still ensuring that they are profitable. Moreover, the SM approach, under the Corporate Social Responsiveness category, showed that there is diversity among brewery stakeholders and their demands; from farmers along the supply chain, to the influence of the media, the government and even parent company expectations. This study also provides rich and complex data support revealing the ways in which the breweries scan their environment, collaborate with stakeholders, set policies, and decide on CSR programmes and strategies; and how these meet the expectations of the various stakeholders.

## **7.6 Implications for practice**

In this section, the researcher is going to make some recommendations based on the findings of the study, classified according to the expected resource implications.

### **7.6.1 Implications for policy makers**

The study's findings show that when the government supports companies' innovative approaches by giving incentives to their CSR activities (for example, tax cuts for breweries who support farmers), there is a greater economic impact on individuals and their communities. Moreover, economic improvement creates sustainable access to health services, which not only increases the number of people who are tested for HIV (HCT) and receive preventive materials, but access to HIV treatment is also enhanced. This creates a win-win situation for businesses, the



government and the communities, and ultimately contributes to national development objectives (SDGs) and improved livelihoods for citizens. Whereas this research does not encourage the government to abdicate its responsibilities to businesses, it shows that policy makers have an alternative set of strategies to enhance economic, social and community development, and ultimately to increase the achievement of SDGs. Therefore, when governments are negotiating investment frameworks with MNCs, they need to foster strategic and innovative approaches to meet the national needs. Additionally, formulation of a suitable mechanism to reward and encourage role model private companies that have contributed to Uganda's health system through CSR could be instituted. This will encourage more companies to engage in these activities.

Secondly, a policy guide for businesses who wish to engage with, or contribute to, health initiatives, especially those set by the government and NGOs: for example SDGs, needs to be drafted. This will guide and provide information for the companies that are interested in contributing to the health sector in Uganda. As noted by Katamba et al. (2014), companies' CSR activities contribute at the micro-level, but if they pool their resources, the impact will be felt more on the macro-level. This will also make for a more streamlined CSR public-private partnership, which is currently absent in Uganda.

### **7.7.2 Implications for practitioners**

Findings show that despite illicit and homemade brew being perceived to contribute more significantly to excessive alcohol consumption and risky behaviour than the products of the breweries, the breweries are still under scrutiny with regard to this impact. Consequently, they preempt the possibility of losing their licence to trade by attempting to be more ethical in their operations, as well as engaging in CSR in order to maintain their good reputations. It is important, therefore for them to collaborate with local distilleries, and to show them the advantages of promoting responsible drinking. This partnership will allow the alcohol industry to monitor the production and consumption of illicit alcohol, including methylated spirits, that are causing such negative social impacts. Secondly, it has emerged from this research that CSR is replicable, so it is recommended that businesses, especially MNCs and locally owned large companies, form partnerships within the private sector, in order to pursue health-related initiatives in conjunction

with health centres. For example, companies that are already running projects to support their employees through HIV mainstreaming, can contribute to health system strengthening by extending these services to their communities. This could be achieved by not only opening up their clinics to provide treatment and prevention services to the wider community, but also by collaborating with health centres to ensure that the communities are receiving adequate treatment.

Findings show that the two breweries in the study engage in partnerships in order to run activities that are not part of the core of their business. Businesses or practitioners wishing to improve relationships between business and society, by engaging in CSR activities that they lack the professional expertise to conduct, could collaborate with NGOs or other organisations. As identified in this study, in this way the business accrues a variety of benefits, such as increased visibility in the community. In practice, engaging partners to run CSR activities enables businesses to support a wider range of stakeholders, thus facilitating networking with government and other sectors of society.

Use of the Fast-track targets is useful to CSR managers and practitioners when evaluating their businesses' contribution to the health sector and to the SDGs. Through environmental scrutiny, the breweries are able to identify areas that are of concern to the company and its stakeholders, economically and socially. Challenges are then managed through collaboration with organisations which are engaged in them already.

## **7.7 Limitations of the study**

The study's qualitative approach may be open to researcher bias, and the interpretive accounts of the respondents. Given that the researcher previously worked for Diageo, some of the managers interviewed in Phases 1 and 2 were well known to her. This may have created sampling bias. The interviewer's unconscious preferences in directing how the information in interviews was interpreted could also be considered a biased approach for data analysis (Easterby-Smith et al. 2008). However, validity precautions (Table 22 Section 4.7) were taken to reduce this bias. These included carrying out the interviews in three phases, as well as using secondary data from

company annual reports. The first phase guided the rest of the study, particularly in the decision to engage in more interviews in Mbarara and Jinja to examine in more detail the HIV-related CSR activities of the breweries. Respondent validation and data interpretation was examined and scrutinised by the researcher's academic supervisors at QMU, and the interviewees in Phase 3. As explained in Chapter 4, triangulation methods were used to obtain the findings, through interviewing various categories of participants who were engaged in the breweries' CSR activities, adopting group interviews, and studying secondary data from the breweries' annual and media reports.

Secondly, this study is cross-sectional in nature, and therefore may not capture longitudinal perspectives on the CSR activities of Diageo and AB InBev, or observe how these have contributed to mitigating HIV and AIDS in Uganda. The time taken in Mbarara and Jinja was less than that spent in Kapchorwa, because of the initial plan to interview and observe farmers. The information on beneficiaries' attitudes and perceptions over time (requiring more than one interview) could have provided more revealing evidence to this study. Staying longer in the two areas could have encouraged the participants to be more candid with the researcher on the contribution that the brewery CSR had made to them. Therefore, the researcher recommends that longitudinal studies on the same, or a revised, line of thought be undertaken, in order to identify the pattern these CSR engagements are following with respect to the changing needs of the Ugandan health sector, particularly applying mixed-methods to understand the impact that the activities have had on beneficiaries.

A third shortcoming of the research design was the composition of the sample: the companies are large MNCs. Therefore, the findings and recommendations may not be generalisable and easily replicable in other companies, especially small and medium sized companies. Consequently, our results may not be generalisable to the entire population. Although Blowfield and Frynas (2005) say that CSR in high-income countries is similar to that in low-income countries, the researcher could have engaged more alcohol companies in Phase 2, and/ or considered including locally owned brewing or distilling companies, in order to attain an understanding of locally owned small and medium companies' CSR activities and their contribution to the health sector in Uganda, particularly towards HIV and AIDS mitigation. Interviewing local breweries and distilleries would have provided good comparative results that

could have further informed policy. Nevertheless, the selection of the two companies was on the basis that data from Phase 1 showed that Diageo and AB InBev were actively engaging in HIV-related CSR activities, and were registered ISO 19001 certified companies.

Lastly, the Global Reporting Initiative sustainability reporting guidelines (GRI 2017), which measure the outcomes and contribution of CSR, are accepted globally by academics and companies, and therefore could have been adopted in this study to improve the validity and representation of the contribution of the two breweries' activities. However, this framework would have undermined the interpretive nature of this research, which follows a consistent and self-declared ontological and epistemological position. Thus, the Fast-Track targets, which are part of the SDGs, have been adopted for this research, to analyse the breweries' contribution. However, their academic validity may need to be tested, to ascertain their applicability to other geographical locations.

## **7.8 Research recommendations**

Research (Katamba and Gish-Boie 2008; Nkiko 2010; Katamba and Nkiko 2010; Katamba 2012) and findings from this study emphasise that in Uganda, there is neither a legal nor regulatory framework, nor direct CSR laws, to monitor corporate activities. This research illustrates the Ugandan Government's inactive position, by rearranging Carroll's (1991) CSR Pyramid (Figure 34). The pyramid shows that the breweries are concerned with their ethical responsibilities and their struggle to keep their licence to trade, rather than following a particular legal structure. This study recommends that the government becomes more involved in the social activities of businesses, and ensures that they are expected to go beyond paying taxes, providing jobs and managing their environmental footprint. A mixture of mandatory and voluntary measures for businesses to adopt in running their activities is recommended. This will supplement business efforts to manage health, education and other societal challenges and ultimately contribute to the SDGs.

This research adapts Ten Pierick et al.'s (2004) model of understanding how companies perceive their responsibilities to society; the factors that make them respond to issues in society; and

perceptions of the contribution that companies make to societal development. In order to analyse their specific contribution to mitigating HIV and AIDS, this study suggests the National HIV Fast-Track Goals as a matrix, to analyse the contribution made to eliminating HIV from the Ugandan alcohol industries' perspective. Future researchers could adopt and cement this framework further, either quantitatively or through mixed-methods.

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## APPENDIX

### **Appendix A: List of interviews and focus group discussions unique reference codes**

The study sample consisted of forty-two participants in the four study areas (Kampala, Mbarara, Jinja and Kapchorwa) selected who participated in interviews, group discussions and those who were observed. Real names were not used, in order to preserve participants' confidentiality throughout this research project. The participants fell into three categories: brewery managers, health workers, CSR experts, Health experts and beneficiaries of the CSR activities. Table 22 below provides a brief overview of the study participants (More details in section 4.10.1). In the two chapters, data is presented following a sequence of major themes that emerged from Nvivo.

## Demographic Table of Study Participants

Site1: Kampala				
Participants ( <i>Pseudo names used</i> ).	Gender	Age category	Category	Location of interviews
Cedric	male	35-40	CSR expert- UCCSRI	Kampala
Kauki	Male	35-40	Diageo Agriculture Manager	UBL offices luzira
Andrew	Male	40-45	Manager/ Diageo	lunch jambo
Patrick-2 interviews	Male	40-45	AB InBev Corporate Manager	NBL offices-Luzira
David-2 interviews	Male	35-40	CSR expert- UCCSRI	Kampala
Diana-2 interviews	Female	35-40	Diageo Corporate relations manager	UBL offices luzira
Mulangira	Male	30-35	AB InBev Corporate Manager	Barbeque lounge
Tinaksimire	Male	50-55	Health- medical access	National Medical Stores
Site2: Mbarara				
Participants ( <i>Pseudo names used</i> ).	Gender	Age category	Category	Location of interviews
Turyahika	Male	50-55	Health/ Governmnet	Mbarara Municipal council
Nambi	Female	30-35	Health worker	Mbarara AIC
Nassuna	Female	30-35	Health worker	Mbarara MJAP Health centre
Mutebi	Male	25-30	Health worker	Health centre AB InBev
Mutesasira	Male	25-30	Participant/Beneficiary	Mbarara plant
Kalyango	Male	25-30	Participant/Beneficiary	Mbarara plant
Group discussion	Males	25+	Participants/ Benefitiaries(6)	Mbarara play field
Nakku	Female	35-40	Participant/Beneficiary	Mbarara MJAP Health centre
Martin	Male	30-35	Participant/Beneficiary	Mbarara MJAP Health centre
Geoff	Male	25-30	Health worker	Health centre AB InBev
Site 3: Kapchorwa				
Participants ( <i>Pseudo names used</i> ).	Gender	Age category	Category	Location of interviews
Mutai	Male	35-40	Business/ agriculture	Kapchorwa NBL office
Chem Kween	Male	40-45	Farmer	Kapchorwa
Chebandenge	Female	50-55	Health Worker	kapchorwa hospital
Kacsoa	Male	30-35	NGO manager/district	Kapchorwa
Kiprotich	male	35-40	Kapchorwa district biostatiscian	Kapchorwa
Musa and Pinto	male*2	50-55	Farmers	Kapchorwa
Simko	male	45-50	Farmer	Kapchorwa Kween
Junior and Suuna	Male*2	35-40	NGO Manager/ health	Kapchorwa Sipi hill
Sam	Male	40-45	Farmer	Kapchorwa
Wokuri	Male	45-50	Farmer	Kapchorwa
Aidah	Female	20-25	Manager/diageo	Kapchorwa
Cheptai	Female	30-35	Farmer	Kapchorwa Kween
Josephine Wokuri	Female	35-40	Farmer's wife	Kapchorwa Kween
Masaba	Male	40-45	Farmer	Kapchorwa
Mutinyu	Male	45-50	Farmer	Kapchorwa
Walekwa	Male	45-50	Farmer	Kapchorwa
Womakuyu	Male	50-55	Farmer	Kapchorwa
Farmers, Group interview	Male	varied	Farmers (5)	Kapchorwa
Joash	Male	40-45	Agriculture manager	Kapchorwa
Site 4: Jinja				
Partipcants ( <i>Pseudo names used</i> ).	Gender	Age category	Category	Location of interviews
George	Male	40-45	Clinician/ health	HCIV-Jinja/NBL
Kajumba	Female	45-50	Health/Governmnet	Health centre III- Mbiko
Mwanje and Nyende	Males	25-30	Health worker/	Health centre III- Mbiko
Lukwago	Male	30-35	Health worker	Health centre III- Mbiko
Augustine	Male	55-60	Head of st mbiko	Health centre III- Mbiko

The common characteristic amongst all participants, which the researcher holds constant for a precise understanding of the interviewees, is the fact that they were brewery stakeholders in various categories. These stakeholders fall under categories that include suppliers, employees, partners (health worker), and consumers, among others.

## **Appendix B: Reflection on the Adopted Methodology**

The choice of case study method suited this study because of its inductive, interpretive and constructivist nature, and therefore it allowed the participants to share their experiences with the breweries' activities as per their own understanding. The method also enabled the researcher to study the activities of the two breweries, to observe and interview participants in their own environment. The semi-structured nature of the interviews allowed participants to speak in-depth, and their responses were constantly compared against other participants' perceptions, and information from the company sustainability reports. These statements, whether differing or agreeing with those from participants, were valuable because they indicated areas of contradiction or agreement.

CSR research conducted in Uganda concentrates on using mixed qualitative and quantitative methods to understand how CSR benefits the company, and how it is practised in Uganda (Nkiko 2010; Bagire et al. 2011; Katamba et al. 2014). Alvesson and Deetz's (2000) assertion that in spite of the growing interest in the interpretivism research, a positivist approach has dominated CSR research, may explain this. On the other hand, HIV and AIDS research strikes a balance between positivism and interpretivism (O'Reilly 1995). Doyal and Doyal (2012) explain that the qualitative nature of HIV studies reveal individuals' lived experiences, the impact of HIV and AIDS on communities, and in this case on the operations of breweries', and the solutions that are adopted to reduce the impact.

The qualitative case study method has helped in determining the understanding of CSR and identifying the strategies that the two breweries adopt to manage HIV related CSR objectives. In order to answer the objectives of this research, interpretivism was found helpful in determining the varied perception of the participants on the brewery activities. Most of the strategies

identified, in which the breweries engage, are more or less similar to those found in literature. However, new strategies have been identified, for example, making referrals to health centres after testing and counselling various stakeholders, improved livelihoods and the outcome of easy access to health centres, as well as the card method at the health centres that fosters adherence to treatment. Adopting a multiple case study method in the form of the two breweries was relevant, because it shows how a similar or different phenomenon occurs when the adopted theory (integrative theory) is applied (Blumberg et al. 2011). The researcher immersed herself in data from multiple sites where the brewery engaged in CSR, and elicited the perceptions of multiple actors. This enabled constant comparison between the CSR activities and the opinion of the beneficiaries, managers and partners in the different locations. These multiple perspectives and location are significant because they give the study credibility, and they helped deepen the understanding of the motivation and the contribution that the brewery activities have made.

Further, studying two breweries was relevant because as stated earlier the category of CSR activities that Diageo and AB InBev engage in are similar across the health, environment, social and economic development of their communities. However, the choice and prioritisation of stakeholders to support differs. Additionally, as indicated by Blumberg et al. (2011) studying multiple cases fosters replicability of the theory and/ or the strategies identified in this research by other companies. Nevertheless, the researcher believes that it may be useful to have a small and medium local company studied alongside Diageo and AB InBev, to compare findings and understand a wider scope of the contribution of the alcohol industry in Uganda. The local companies have been identified as contributing more to the high alcohol consumption rate in Uganda when compared to the breweries, despite the blame spilling over (Kasirye and Mutawe 2010). Therefore, it is important to understand whether the local companies engage in CSR, what motivates them, their perception of the breweries' CSR activities, and the perception of stakeholders on the activities that they engage in.

Therefore, this study makes an important contribution to the literature on the role of the private sector in the treatment, care and prevention of HIV and AIDS in Uganda, particularly strategic CSR, which has been identified as a common strategy used by the two breweries. When used by businesses, strategic CSR benefits both the breweries as well as the community, and therefore is

in line with the definition by Carroll (1991) that CSR is the economic, legal, ethical and philanthropic activities of CSR that the companies engage in. Similarly, if Diageo and AB InBev and/ or other companies apply the same strategies in another low-income country, a similar contribution will be realised.



## Appendix C: Participants information sheets and consent forms

### Information Sheet for Health workers

My name is Ninah Bakojja and I am a PhD student with the Institute of International Health and Development at Queen Margaret University, Edinburgh. As part of my degree course, I am undertaking a research project to determine the impact and contribution of corporate social responsibility towards the prevention and treatment of HIV and AIDS.

This study is looking at:

- The HIV prevention and treatment programmes, strategies and activities that companies use to address the health needs of their suppliers (farmers) at the health clinics.
- How these activities contribute to the health and livelihood of the famers and their families.
- The impact of the partnerships between the companies and the health centres on the society and the reduction of HIV in this area.

The findings of the project are useful because the impact of the contribution of CSR on the prevention and treatment of HIV and AIDS towards their stakeholders will be determined. It will also act as a background for further research and lead to more effective programs targeted towards the HIV and AIDS agenda in rural areas.

I am looking for six volunteers to participate in this study. The participants will be those who work in the society rural health centres where the farmers get treatment and prevention (condoms, Uterine devises etc.) material from.

If you agree to participate in the study, you will be asked about your work as a health worker or NGO support staff and what your experience is, working with the various company projects to support the farmers with HIV and AIDS. The interviews will not take more than an hour on average and you may withdraw from the study at any stage without having to give a reason.

All data will be anonymised and your name will be replaced with a number, therefore you will not be identifiable in any reporting data gathered. The data and the recording will be kept on a password protected file on my computer after transcription. The data will held at QMU campus for a period of 5 years to

check for any data issues that may arise. The results may be published in a journal or presented at a conference. If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to contact Oonagh O'Brien, a staff member at the Institute for International Health and Development, Queen Margaret University, Edinburgh.

If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study, please now see the consent form.

#### Contact details of the researcher

Name of researcher: Ninah Bakojja

Address: PhD Student, Institute for International Health and Development,  
School of Health Sciences  
Queen Margaret University, Edinburgh  
Queen Margaret University Drive  
Musselburgh  
East Lothian EH21 6UU

Email / Telephone: NBakojja@qmu.ac.uk / 0131 4740000

#### Contact details of the independent:

Name of adviser: Karina Kielmann

Address: Senior Lecturer, Institute for International Health and Development,  
School of Health Sciences  
Queen Margaret University, Edinburgh  
Queen Margaret University Drive  
Musselburgh  
East Lothian EH21 6UU

Email / Telephone: KKielmann@qmu.ac.uk / 0131 474 0000

## **Information Sheet for Potential Managers.**

My name is Ninah Bakojja, a Postgraduate student from the Institute of International Health and Development at Queen Margaret University in Edinburgh. As part of my research, I am undertaking a research project to determine the contribution of CSR towards the prevention and treatment of HIV and AIDS in Uganda.

This study will investigate the characteristics of the CSR activities geared towards treatment and prevention of HIV and AIDS carried out and the impact they have on the stakeholders (Farmers).

The findings of the project will be useful because the companies involved will know the impact of these CSR activities on the livelihood of their farmers and whether if they gain any value from engaging in them.

I am looking for six volunteers to participate in the project. Participants above the age of eighteen and of any gender are welcome to take part. If you agree to participate in the study, you will be asked to answer some questions relating to your work as a middle level manager and the CSR activities that you engage in for supplier stakeholders (farmers). The researcher is particularly interested in the activities geared towards the treatment and prevention of HIV and AIDS.

The whole procedure should take no longer than 30 minutes. You will be free to withdraw from the study at any stage and you would not have to give a reason. All data will be anonymised as much as possible. Your name will be replaced with a participant number, and it will not be possible for you to be identified in any reporting of the data gathered.

The results may be published in a journal or presented at a conference.

If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to contact Mike Pretious. His contact details are given below.

If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study, please now see the consent form.

### **Contact details of the researcher**

Name of researcher: Ninah Bakojja  
Address: PhD student, Institute of Global Health and Development,  
Queen Margaret University, Edinburgh  
Queen Margaret University Drive  
Musselburgh  
East Lothian EH21 6UU  
Email / Telephone: NBakojja@qmu.ac.uk / 0131 474 0000

### **Contact details of the independent adviser**

Name of adviser: Karina Kielmann  
Address: Lecturer

School of Business, Enterprise, and Management.  
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### **Information sheet for potential participants: Farmers**

My name is Ninah Bakojja and I am a student at Queen Margaret University with the Institute of International Health and Development in Edinburgh. As part of my degree course, I am undertaking a research project to find out what activities Diageo and SABMiller are carrying out, geared towards treatment and prevention of illness and how they impact on your livelihood.

This research can help me and others to learn about how the services that you receive from these companies impact on your way of living, your family and your work. The study will investigate through secondary data and interviews the activities that companies engage in and their desired impact/ outcome on the various stakeholders.

The findings of the project will be useful because the companies involved will recognise the impact that their CSR activities have got on their stakeholders and in particular the health sector through their HIV and AIDS agenda activities. This may provide a background on which further research is done and services

I am looking for volunteers to participate in the project. Participants above the age of eighteen and of any gender are welcome to take part. If you agree to participate in the study, you will be asked to answer some questions in form of an interview. There might be a risk of some questions upsetting you, but as a participant you may not answer to any question you find upsetting. After the face to face interview, I will ask to interview you as a group with other farmers like you and this is voluntary as well.

The interview process should take no longer than 30 minutes and the group discussion an hour. You will be free to withdraw from the study at any stage and you would not have to give a reason. All data will be anonymised by using numbers and pseudo names, so it will not be possible for you to be identified in any reporting of the data gathered. The results may be published in a journal or presented at a conference.

If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to contact Oonagh O'Brien. Her contact details are given below. If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study, please now see the consent form. Also if you need to discuss the research further with me, I shall be at the health clinic for a period of six months.

Contact details of the researcher:

Name of researcher: Ninah Bakojja

Address: PhD candidate, Institute of International Health and Development.

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Contact details of the independent adviser:

Name of adviser: Karina Kielmann

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## **Information sheet for farmers- Kupsabiny**

### **Kartasiit nyēpo piiko cēpo swaama : Kaapotootik**

Kaannyeemwani ku Ninah Bakojja ānkuyiku cii nyēē āmiite asummane ām Yunifaasiti nyēē cēēkure Queen Margaret kwiciintōōs wanik āk Yunifaasiti nyēpo tiliilinto ām kōōreet kumukuul āk narateet ām Edinburgh. Kuyuu kareyaanteet nyēpo tikuuri ām koosiit, āmiitē ayiyē sumaaneet ānket kule yiisyōōntōk ankoocu cēē yiyē Diageo ākoo SABMiller, kutakyiini keey kanyoosyeet ak karaktayateet nyēpo poorto āk kule namee piiko kule nee.

Sumaananii kunyēē koolyaanii āk alak anay kule naleek cēē koolyook kampuninak kucēē wēēcwēēcē sāpoonwēkwook, katya nyēēnjuuñ āk yiisyēēnjuuñ. Sumaananii kunyēē mākukeen kusiir arosyeek cēpo ariit āk teepuutook cēpo yisyōōnuutōkaap kaampuninak āk tukuuk cēē yiciini piiko / naleek cēē tooku ām wulēē miitē piiko tiyē piic.

Ḍaleek cēē makutookune sumaananii kucēē po latiik āmnyēē kaampuuninak kucēē makunkēt kule yiisyōōnuutōkwa cēpo CSR āk cēē tiyē ḡaleek kōt kucōo miitē atepto nyēpo tiliilinto kusiir ḡaleek cēpo cēērewēn. Muuce kupoor wulēē muuce citya sumaaneet ake.

Amiitē acēēnyēē piiko cēē kaakoon keey cēē Tāmānwookik lo (60) cēē kaa kwiyy yiisyoonii. Piiko cēē poonto kēnyiiisyeḡ cēē keetyee sisiit ānku mōrōōn nto ka kōōkō, /ciitōōrōcē tōkōl. Yēē kaacan kule ayiy yiisyoonii po sumaanii, /cēēmākyiniñ kule wēēc teepuutook alak ām areet nyēē cēē teepeeniñ ankeee wēēcē. Muucē kumiite teepuutak alak cēē muucē kutaḡanyiiñ, nteenee kuyuu cii nyēē meemuuce weeku teepuut nyēē taḡjoonyiiñ. Yoo kapōk teepuutōk coo cēēteepeeniñ, +mateepeeniñ kuyuu kuruup āk kaapootootik alak kuyuu nyii, ntēē ciitēcu kucēē koonu keey yeec mpo.

Teepuutook kucēē –masiite takaanik cēē keetyee sosoom nto cēpo kuruupuut ku saaweeet akeenke. Muucē ḡeetyi keey ām sumaananii ām yeeteet ake nyēē –meemwoowu kule amunee. Ḍaleek tōkōl coo cēēsiliḡ kucēē ciyiisyeē naampanik nto kannyaay cēē maciinkēt, kunyoo –mamuucē /ciinkētiiñ ām ḡaleek cōō ciirruce.Ḍaleek kucēē muucē cēēsilyi makasiin nto kaciipoorunee tuuyeet nyēō.

Yēē mēcē kule aḡoololyi ciitake, nyēē nkēt kunaamee keey ākoo sumaanii ānku mamiitē kuwiyē sumaanii ku tāpoon, teepee Oonagh O’Brien. /Cēēnyōōro neeto kusiir ḡaleek cēē silootiin ḡuny. Yēē keesumaan ānku kēnkēt ḡaleecu miitē kartasiniit, yēē miitē teepuutooy ankee mēcē kule ayiku akeenke ām sumaanii, kuyoo kērēsyii nas foomuut nyoo camtee. Ntee yēē mēcē kule tacēē ḡalale sumaanii nkal kaciiswaany āk anii, mamiite anii kuliniik arook lo.

Yēē saceenyoor ciiti po sumaaneet:

Kaannyeet nyēpo ciiti yiyē sumaaneet: Ninah Bakojja

Wulēē coone: PhD candidate, Institute of International Health and Development.

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Kaannyeet nyēpo cēmutuṇooteet: Karina Kielmann

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## Participants' Consent Form



Queen Margaret University  
EDINBURGH

I have read and understood the information sheet and this consent form. I have had an opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in this study.

I understand that I have the right to withdraw from this study at any stage without giving any reason.

I agree to participate in this study.

Name of participant: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_

Date: \_\_\_\_\_

Contact details of the researcher:

Name of researcher: Ninah Bakojja.

Address: PhD candidate, Institute of international Health and development.

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Email / Telephone: NBakojja@qmu.ac.uk / 0131 474 0000

## Participants' Consent Form- Kupsabiny



Queen Margaret University  
EDINBURGH

### **Piiko coo kaakoon keey kucēē nyiite Foomuut kucamtooy**

Kaasumaan ānku kaankēt ŋaleek cēē miitē kartasiitaap āk foomuut nyēē camtooy. Kaanyooru parooyinto ateepp teepuutook kunamee keey awuute keey sumaani.

Ankēt kule puryo kiy nyēē makarkta +mawuute keey sumaani.

Ankēt kule apoonte kāāmuuēywēēk awuuci keey saawaa tōkōl kumuna mwoowu.

Acemtooy kule +mayiy sumaananii.



Kaannyeet nyēpo ciito nyoo kaakoon keey: \_\_\_\_\_

Wulēē tiinyēē ciito kaakoon keey: \_\_\_\_\_

Wulēē tiinyēē ciito miitē kwiye sumaneet: \_\_\_\_\_

Pēsyoōsyēk: \_\_\_\_\_

Contact details of the researcher:

Name of researcher: Ninah Bakojja.

Address: PhD candidate, Institute of international Health and development.

Queen Margaret University, Edinburgh

Queen Margaret University Drive

Musselburgh

East Lothian EH21 6UU

Email / Telephone: NBakojja@qmu.ac.uk / 0131 474 0000

## **Ethical Clearance from Queen Margaret University**

**From:** Clapson, Lucy

**Sent:** 04 July 2014 11:24

**To:** Bakojja, Ninah

**Cc:** O'Brien, Oonagh

**Subject:** N Bakojja - Ethical Approval

Dear Ninah,

### **Request for Ethical Approval for a Research Project – Corporate Social Responsibility: Its contribution to the prevention, care and treatment of HIV and AIDS in Uganda**

Thank you for your response to the Convener following consideration of your application by the Research Ethics Panel.

Dr Chee-Wee Tan, Convener of the Panel, has reviewed your response to the points you were required to address, and has confirmed that he is happy to take Convener's Action to grant full ethical approval for your research, subject to the required in-country ethical approval processes being completed. Please provide us with copies of the in-country ethical approval when they are available to you.

A standard condition of this ethical approval is that you are required to notify the Panel, in advance, of any significant proposed deviation from the original protocol. Reports to the Committee are also required once the research is underway if there are any unexpected results or events that raise questions about the safety of the research.

We would like to thank you for your co-operation and wish you well with your project.

Best wishes,

**Lucy**

~~~~~

Lucy Clapson

Quality Enhancement & Research Degrees Officer

Governance and Quality Enhancement

Queen Margaret University, Edinburgh, EH21 6UU

Tel: 0131 474 0000; Say "Lucy Clapson" when prompted by our automated system

Email: [lclapson@qmu.ac.uk](mailto:lclapson@qmu.ac.uk) Web: [www.qmu.ac.uk](http://www.qmu.ac.uk)

## **Ethical consideration from Uganda –Breweries, Health centres and Registration board.**



Head Office  
Plot 6/10 Portbel Road  
P.O. Box 1345 Kampala Uganda  
t: +256 (0) 312 210006  
f: +256 (0) 312 240141  
Toll Free Line: 0800230200  
email: corporateaffairs@ug.sabMiller.com  
[www.nilebreweries.com](http://www.nilebreweries.com)

July 25, 2014

Ms. Ninah Bakojja  
Institute for International Health and Development,  
School of Health Sciences  
Queen Margaret University, Edinburgh  
EH21 7SW.

Re: Authorization to carry out Research.

Following your request, wishing to carry out a research at Nile Breweries on our activities in the Health Sector in particular HIV and AIDS, management has granted you permission to interact with our Clinic Department and Corporate Affairs Department as far as our Corporate Social Responsibility is concerned. But no confidential patient information shall be shared with you by our clinic staff

Yours faithfully

For NILE BREWERIES LTD


Samalia Namirembe  
Human Resource Operation Manager

Copy to: HRD/Company Doctor/CD

Jinja Office  
Plot M90 Yusuf Lule Road Njeru, P.O. Box 762 Jinja, Uganda  
t: +256 (0) 332 210009, f: +256 (0) 332 240292/303

Mbarara Office  
Plot 768, 769 and 262, P.O. Box 7621991 Rwisiri Cell, Mbarara  
t: +256 (0) 372 210009, f: +256 (0) 372 240205

Directors:  
\* Nick Jenkinson, Managing Director (British) \* Ely Karusanga (Ugandan) \* Dave Carruthers (South African) \* Robin Goetzsche (South African) \* Trevor Sanderson (South African)  
\* Kevin Heydenrych (South African) \* Gert Nel (South African) \* Sean Smuts (South African)

## **Ethical clearance from Uganda Breweries Limited Diageo.**

Research on farmers and managers for UBL

> From: Lillian. [Akol@eabl.com](mailto:Akol@eabl.com)

> To: [nbakojja@yahoo.com](mailto:nbakojja@yahoo.com)

Sent: Mon April 28 08:35:12 2014

Subject: Research on farmers and Managers for UBL

Dear Ninah,

You are welcome to come back to carry out your research with EABL. You can call me or Rhona Namanya (713562) to make an appointment for the interviews with the Corporate Affairs office. As you may know we only currently engage in HIV/AIDS activities for employees only so I do not know if that will help your study. The agriculture office will help you map out the managers in the field. So call Kawuki Joseph (720361) or you will find him in IDU. You already have Andrew Kilonzo's number, he will also give you good information on some of the field CSR activities his team engages in.

I shall appreciate it if you share the study findings when you have finished.  
I wish you the best of luck in your endeavors.

With many thanks.

Lillian Akol Okurut

Corporate Affairs Manager

> This email and any files transmitted with it are  
> confidential and intended solely for the use of the  
> individual or entity to which they are addressed.  
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Chief Administrative Officer 0782 880004  
Chief Finance Officer 0772 339237  
District Health officer 0772 335366



THE REPUBLIC OF UGANDA

KAPCHORWA LOCAL GOVERNMENT  
DISTRICT HEALTH OFFICER  
P.O. BOX 2 KAPCHORWA

30<sup>TH</sup> JULY 2014

Bakojja Ninah  
Queen Margaret University  
School of Health and Social Sciences  
31 Parsonage  
Musselburgh  
EH 21 75W

Dear Madam,

**RE: REQUEST TO CONDUCT RESEARCH STUDY**

Reference is made to your request to conduct a study with Nile Breweries and Uganda Breweries Limited and their corporate Social Responsibility the community health servic. Please be advised that authority has been granted to you to conduct the research. We would also certainly appreciate if your findings could be shared with us so that we could also get an insight necessary guidance in our policy formulation and implementation.

Yours faithfully,



Dr. Mwanga Michael  
DISTRICT HEALTH OFFICER

TEL: +256-772 991633

Email: [Njeruurbancouncil@yahoo.com](mailto:Njeruurbancouncil@yahoo.com)

IN ANY CORSP. QUOTE: NJU/30



The Republic of Uganda P.O. BOX 1, NJERU

## NJERU MUNICIPAL COUNCIL

OFFICE OF THE TOWN CLERK

DATE: 03/12/2014

The Managing Director  
Nile Breweries Limited

*To be handled by the  
Company Doctor Misses Olem.*

Dear Sir/Madam,

**RE: RECOMMENDATION OF M/S NINAH BAKOJJA TO CONDUCT RESEARCH IN NJERU MUNICIPAL COUNCIL WITH NILE BREWERIES LTD. IN THE RESPECTIVE COMPANY'S CSR ACTIVITIES IN THE HEALTH SECTOR.**

This is to recommend the bearer of the above mentioned names to carry out a research in your company of Managerial Jurisdiction (NBL) as one of the requirements towards her pursued profession at the Institute of Health and Development (Queen Margaret University Edinburgh). A copy of her request to carry out the said subject matter is attached.

The office of the Town Clerk Njeru Municipal Council is aware that the said research project is purported to determine/establish the impact and contribution of corporate social responsibility towards the prevention and treatment of HIV and AIDS.

By copy of this communication Njeru Municipal Health Office is hereby informed and expected to guide the researcher from time to time.

Any assistance rendered to her will be highly appreciated.

Yours faithfully,

  
KASAJJA JAMBIRO KAHIRU  
TOWN CLERK  
NJERU MUNICIPAL COUNCIL



*M/s Ninah Bakojja has been authorized to engage with our health partners in our regions of operation in relation to HIV/AIDS.*

*Dr. Olem*  
4/12/14

Copied to:

- Principal Health Inspector – Njeru Municipal Council
- Senior Assistant Town Clerk – Njeru Central Division

TEL: +256-752447676



**MBARARA MUNICIPAL COUNCIL**

OFFICE OF THE PRINCIPAL MEDICAL OFFICER

P. O. BOX 290, MBARARA

DATE:15/12/2014

This Bakojja Ninah  
Queen Margaret University  
School of Health and Social Sciences  
31 Parsonage  
Musselburgh  
EH 21 7SW

RECOMMENDATION OF M/S BAKOJJA NINAH TO CONDUCT RESEARCH IN MBARARA MUNICIPAL COUNCIL, WITH THE HEALTH PATTERNS OF NILE BREWERIES LIMITED, MBARARA IN THE COMPANY CSR ACTIVITIES.

The above mentioned student Ninah Bakojja has been recommended to carryout research with the Health partners of Nile breweries Limited, Mbarara in relation to their Community Social Responsibility of the company as far as HIV/AIDs is concerned.

This is a requirement towards her pursued PhD at the institute of health and Development at Queen Margaret University Edinburgh. A copy of her request and permission from the company Doctor is attached.

The office of the Principle Medical Officer Mbarara is aware that the said research project is aimed at Establishing the impact and contribution of the corporate social responsibility by the private organizations towards the prevention and treatment of HIV/AIDS in their areas of operation.

Any assistance rendered to her will be highly appreciated.

Yours faithfully

  
**DR. TINKASIIMIRE CHARLES**  
PRINCIPAL MEDICAL OFFICER  
MBARARA MUNICIPAL COUNCIL.

Cc Town Clerk, Mbarara Municipal Council.





# MENGO HOSPITAL

FOUNDED ON 22 FEBRUARY 1897  
MENGO HOSPITAL RESEARCH ETHICS COMMITTEE  
P.O. BOX 7161  
KAMPALA

P.O. Box 7161, Kampala, Uganda  
Tel: +256-414-270222/3  
Direct: +256-312-307106  
Fax: 256-41-340466  
Email: medicaldirector@mengo-hospital.org  
Website: www.mengo-hospital.org

Our Ref:

Your Ref:

September 8, 2014

Ninah Bakojja  
Principle investigator  
Queen Margaret University

Dear Madam,

RE: YOUR APPLICATION FOR INITIAL REVIEW OF YOUR RESEARCH  
PROPOSAL NO: (577/07-14)

RE: APPROVAL OF YOUR RESEARCH PROPOSAL NO: (577/07-14)

TITLE: CORPORATE SOCIAL RESPONSIBILITY: ITS CONTRIBUTION TO THE  
PREVENTION, CARE AND TREATMENT OF HIV AND AIDS IN UGANDA.  
(577/07-14)

I am glad to inform you that the above named protocol of version. (577/07-14) was reviewed by the chairperson of Mengo Hospital Research Ethics Committee who found it to be satisfactory. Approval is hereby granted to you to conduct this study for a period of one year. If it is necessary to continue with this research beyond the expiry date, a request or continuation should be made in writing to the MHREC office.

Any problems of serious nature related to the execution of your research project should be brought to the attention of the MHREC, and any changes to the research protocol should not be implemented without MHREC's approval except when necessary to eliminate apparent immediate hazard to the research participant(s).

You are reminded to provide this committee with timely progress reports on completion of the research project.

Before commencing with study activities and data collection, you will be required to register it with the Uganda National Council for Science and Technology.

Please be informed that MHREC has a right and mandate to monitor your research to ensure compliance to UNCST regulations. This monitoring may be by making a visit to your site. The choice of the site to be visited is entirely under the prerogative of MHREC and may be done any time without prior warning.

Yours Sincerely,

*Dr. Namulema*  
Prof. Kawooya G. Michael  
Chairman MHREC





## Appendix D: Interview guides

### Health workers interview guiding questions

|                                     |
|-------------------------------------|
| Name (Optional):                    |
| AGE:                                |
| Post/designation                    |
| Name of facility (Private / public) |
| Services provided:                  |

#### Engagement:

1. Who usually accesses services at the facility? Community members: Farmers, farmers' spouses, other community members.
2. When do people usually report at the facility? Clinic days (Time and day): *Ease Participant observation.*
3. On which days are testing and counselling services? Are prevention methods products given on those days? Which prevention method products are provided?
4. Do you charge for them for services rendered when they report to the facility? How much is the average fee?
5. Who meets the cost for those who cannot or are not paying currently? Government, NGOs, Private companies?
6. Are you aware of any companies that support the HIV programs through the health Clinic?
7. Can you describe some examples the forms of support that are provided by these companies through the health centres? (Who can access these services/support: farmers, farmers' spouses, community members)
8. How would you describe your involvement as an agent of the company CSR programs in that/those example(s) above?
9. Who can access medication through company CSR support? Farmers, their spouses, other community members.
10. How does this support affect (Positive or negative) you and the services that you provide?
11. How does this support the farmers/community members?

#### Background& History of the partnership

1. Describe your role and association with Diageo and SABMiller.
  - a. Stated objectives and commitments that the companies want to achieve through their CSR activities. (*health systems development, Healthy workforce, sustainable raw material supply*)
  - b. History and process of involvement with the companies' activities and the process of renewing the activities (*Continuity of programs*).
2. Process of selecting/ registering participants who get support through the company CSR/ HIV activities.
3. Different relationships within the partnership programme and objective function and institutional arrangement of each i.e. NGO and government support.
4. Draw/ map out your organisation's association (formal and informal) with the companies that support the health centre and other agencies like NGOs. Describe the nature of relationship.

#### **Access:**

1. Who determines which health centres to channel CSR activity support through to farmers?
2. Do the companies supply you with the medicines for treatment and prevention materials or give you money to acquire these?
3. How does one utilize these services? (I.e. waiting lists, criteria for being put on treatment, referrals etc.)
4. How aware are people (who need the services) in the community of the services and efforts?
5. What is the community/ farmers' attitude towards utilizing company CSR/ HIV and AIDS services?

#### **Awareness:**

1. How knowledgeable are the community members on HIV and AIDs, on transmission, prevention, treatment etc.?
2. What are the obstacles to attaining treatment in the organisation?
3. How do the companies communicate these services to the farmers and general community?

#### **Evaluation:**

1. Is there a review system to evaluate the CSR/ HIV activities in the health centre? If yes, do you have any documentation that you use for this?
2. Who is responsible for the evaluation process? Especially that which involves companies, NGOs and Government?

## Farmers' Interview: Guiding questions

|                                                                                              |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Personal Information</b>                                                                  | <b>Name(Optional):</b> _____ <b>Age:</b> _____                                                                                                                                    |
| <i>Optional</i>                                                                              | <b>Level of Education-</b> _____                                                                                                                                                  |
|                                                                                              | <b>Marital status-</b> _____ <b>HIV status(optional):</b> _____                                                                                                                   |
| <b>Farming</b>                                                                               | <b>What are the busiest seasons? Months, harvesting time, planting time?</b>                                                                                                      |
|                                                                                              | <b>Who helps you in the garden?(Hired help, family,)</b>                                                                                                                          |
|                                                                                              | <b>Are they paid?</b>                                                                                                                                                             |
| <b>Knowledge of HIV and AIDS</b>                                                             |                                                                                                                                                                                   |
| <b>In your opinion, what do you think of HIV and AIDS</b>                                    | How is it transmitted? Who is likely to get HIV?                                                                                                                                  |
|                                                                                              | Are there any religious or cultural practises that enhance HIV and AIDS?                                                                                                          |
|                                                                                              | In which season do you think HIV is transmitted the most or least and why?                                                                                                        |
|                                                                                              | How has HIV affect the Kapchorwa community? In addition, mainly farmers?                                                                                                          |
|                                                                                              | How has HIV and AIDS affected you and your family?                                                                                                                                |
|                                                                                              | What role has government played in reducing the HIV epidemic?                                                                                                                     |
|                                                                                              | What role have the NGOs in the community played in reducing the HIV epidemic?                                                                                                     |
|                                                                                              | What role have companies played in reducing the epidemic?                                                                                                                         |
| <b>Participant perceptions of the support that the companies offer through CSR</b>           | <i>What do you get from the brewery in terms of support? You may tick or mention other not listed below.</i>                                                                      |
|                                                                                              | Seeds and ready market for you produce, Training on farming practices, Fertilizers etc.                                                                                           |
|                                                                                              | Have you seen the Brewery model farms? Have they been useful to train you how to plant and harvest?                                                                               |
|                                                                                              | Do you sell directly to the brewery or to middlemen? Why is that?                                                                                                                 |
| <b>In your opinion, What do you think about the services offered by Diageo or SABMiller?</b> |                                                                                                                                                                                   |
|                                                                                              | HIV treatment, HIV prevention material, HIV testing and Counselling given by the company                                                                                          |
|                                                                                              | What does the support from the companies (Breweries) mean to you? How has it improved your livelihood?<br><i>You can continue/write on extra sheet of paper for this question</i> |
| <b>Participant's perception of the health centres</b>                                        |                                                                                                                                                                                   |
|                                                                                              | How far is the nearest centre from where you are?                                                                                                                                 |
|                                                                                              | How is the treatment, Testing and counselling administered?                                                                                                                       |
|                                                                                              | Do you have to pay for the services received?                                                                                                                                     |
|                                                                                              | When the treatment is received, Timing, convenience                                                                                                                               |
|                                                                                              | Selection of those who receive the treatment                                                                                                                                      |
| <b>Evaluation:</b>                                                                           |                                                                                                                                                                                   |
|                                                                                              | How has receiving support (seed, ready market, fertilizer) from the companies improved your livelihood?                                                                           |
|                                                                                              | How did you find out about the services that were being provided by the companies?                                                                                                |
|                                                                                              | Do you know any of the brands that these companies make? Do you buy them for yourself or other people?                                                                            |
|                                                                                              | Does the support (Brewery helping you with the farming) influence your choice of brand in any way?                                                                                |

|  |                                                                                                                |
|--|----------------------------------------------------------------------------------------------------------------|
|  | What other activities do the breweries carry out in terms of CSR? for example tree planting, Digging boreholes |
|--|----------------------------------------------------------------------------------------------------------------|

## Managers' Interview Guide

|                                    |  |
|------------------------------------|--|
| Name of the Respondent (Optional): |  |
| Title:                             |  |
| Company name :                     |  |

### BACKGROUND information.

1. Critically analyse the role of the companies in prevention and treatment of HIV and AIDS.
2. Examine the rationale and motivation for the companies to engage in HIV related CSR activities.

### Interview Questions

\*For the questions asked, allow the participant to state their opinion. Probe further if the point is not understood. *\*Note to researcher*

**Section One:** Use the following questions to understand the profile of the company.

In order to understand the CSR Company, it is important to understand the company profile.

1. How many farmers does the company work with?

|        |         |           |           |
|--------|---------|-----------|-----------|
| 50-100 | 101-200 | 201 – 400 | Over 1000 |
|        |         |           |           |

2. What type of company ownership does UBL have?

|                |                  |             |               |                       |
|----------------|------------------|-------------|---------------|-----------------------|
| Wholly Ugandan | Majority Ugandan | 50% Ugandan | Multinational | Other, please specify |
|                |                  |             |               |                       |

3. Please indicate your company's financial resources (Shillings) commitment to CSR activities per annum to supporting farmers (place a tick below appropriate choice).

|      |                     |                          |                           |                             |                   |
|------|---------------------|--------------------------|---------------------------|-----------------------------|-------------------|
| None | Less than 1 Million | Between 1 and 5 Millions | Between 5 and 25 Millions | Between 25 and 100 Millions | Over 100 Millions |
|      |                     |                          |                           |                             |                   |

4. In your own understanding, what is the meaning of Corporate Social Responsibility (CSR)?

5. Please indicate the relevance of CSR to business operations in your company. When you support these farmers, for example are there any returns for the company?

6. Does NBL in anyway contribute towards healthcare service delivery (HIV testing and counselling or treatment) for the farmers, employees, customers, truck drivers.

7. Which other CSR activities are you aware of that UBL engages in that are focused on supporting the health sector and particularly HIV and AIDS?

8. What type of support (financial or in kind) has been to farmers to help them achieve their production (Barley or Sorghum) targets by UBL?

9. How do you choose the farmers to support with these services? Do they approach you or do approach them?

10. How have these services benefited the farmers and their families? Continue on another sheet if necessary.

11. I understand that NBL has farmers in this region too. Do their farmers sell their harvest to you as well or they can only sell to UBL? Is the seed the same?

12. What are the major challenges you face when engaging in activities that involve the farmers?

13. Which of the following stakeholders would you say are most important to UBL when deciding which activities are relevant towards supporting farmers?

14. Do they influence the activities you engage in with farmers? Alternatively, do they collaborate with you to support the farmers? (Rank 1 to 4, with one being the least important)

|                                                |  |
|------------------------------------------------|--|
| Government                                     |  |
| Shareholders                                   |  |
| Employees                                      |  |
| Communities                                    |  |
| Ultimate Consumers                             |  |
| Customers                                      |  |
| Suppliers (farmers, stationary suppliers etc.) |  |

### **Section 3: Sustainability**

10. Who is responsible for initiating, implementing and monitoring CSR activities with the farmers in your company? How are your activities evaluated?
11. CSR may be very costly. How does the company ensure the sustainability of these projects? Will the farmers continue getting free or subsidised seed 5 years from now? Will you engage other stakeholders like government?
12. Does your company engagement in CSR have any influence on consumer buying behaviour? (E.g., would consumers purchase more of your goods if you supported a cause they are passionate about?)

### **Section 4: Stakeholders. Criteria used for selecting participants.**

13. What role does society see for your business in addressing their needs including farming material, water, transport and mechanisation? Have they come to you to ask for support in this area? Is it worth investing in society?
  - *What about HIV? Have you been involved in supporting these farmers?*
14. How accessible are the health centres in areas where farmers operate?
15. What influences you to choose these particular CSR activities over others? Why support the farmers with free seed?
16. Has the Ugandan government in any way influenced the identification and implementation CSR activities in your company? Do they suggest which activities to focus on?
17. How is the success of CSR activities measured in your company?
18. Please indicate how your company communicates CSR initiatives to stakeholders and the public (Tick all those applicable to your company)

| ITEM                    | Please tick |
|-------------------------|-------------|
| Press releases          |             |
| Company annual reports  |             |
| International reports   |             |
| Brochures               |             |
| Newsletters             |             |
| Associations releases   |             |
| Company Website         |             |
| Billboards              |             |
| Other (Please indicate) |             |

23. How do you communicate with Farmers? For example about a new project that is coming up?

24. From whom do you receive support if any; on the identification, implementation, and measurement of company's CSR activities? (NGOs, Government, CSR bodies in Uganda)

25. Which of the following departments have the most influence regarding strategic decision making in your organisation? Towards farmers activities? (Rank from 1-6 with 1 being the most influential)

|                                                  |  |
|--------------------------------------------------|--|
| Public Relation / Public Affairs / Communication |  |
| Sales / Marketing                                |  |
| Finance                                          |  |
| Human Resources                                  |  |
| Production / Operation                           |  |
| Corporate Social/Environmental Responsibility    |  |
| Logistics / Transport / Distribution             |  |

### **Section 5: Partnerships**

26. How do you select the partners you work with to support these CSR-HIV projects?

27. Are these partnerships in any way supported by government institutions like Ministry of Health?

28. Are these projects in anyway supported by NGOs (like USAID, UNAID etc.)?

## Appendix E: Sustainable Development goals and the targets and Indicators for Sustainable Development Goal 3

Figure showing the 17 Sustainable Development Goals



This research focuses on the contribution of the alcohol companies to the health sector hence the emphasis of SDG 3. In particular Target 3.3, which seeks to,

*By 2030, end the epidemics of AIDS, tuberculosis and malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases.*



## Targets and Indicators for Sustainable Development Goal 3

| Goal | Target                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1  | By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3.2  | By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.                                                                                                                                                                                                                                                                                                                              |
| 3.3  | <b>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</b>                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3.4  | By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3.5  | Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3.6  | By 2020, halve the number of global deaths and injuries from road traffic accidents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3.7  | By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.                                                                                                                                                                                                                                                                                                                                                       |
| 3.8  | Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.                                                                                                                                                                                                                                                                                                                                                              |
| 3.9  | By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3a   | Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3b   | Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all. |
| 3c   | Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.                                                                                                                                                                                                                                                                                                                                                         |
| 3d   | Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.                                                                                                                                                                                                                                                                                                                                                                                                                   |

Source: United Nations Sustainable Development Platform (2016)

## **Appendix F: Stakeholders along the breweries supply chain and how they influence breweries to engage in HIV related CSR.**

### **Farmers**

There is stiff competition between the two breweries in Kapchorwa, which has contributed to a need for the breweries not only to act ethically, but also to support farmers in their agricultural practices. As indicated by Kauki:

*[...]Now AB InBev came there and they began competing. The first season they took our barley, the second season they planted we also took (their produce). Because our fingers had been burnt previously so now we also did not invest a lot, we put in just a few barley investments. They planted and also the farmers could not refuse to sell to us and from there it became a thing of rope pulling. [...] All those things you hear us saying that farmers were side selling (selling to competition). Alternatively if I am the only company and I give a farmer seed, they have no choice, they have to bring back the produce. But if they know that there is someone else who can buy their product, they would rather sell to someone else and you go away with my money (Kauki, manager Diageo).*

As Kauki says, from the business case angle, breweries engage in activities to support farmers in order to build commitment, to ensure that the farmers sell them the barley and sorghum they need. This is in line with the categorisation of power by Wood (1991), which argues that companies need to select stakeholders who have a social influence on the company. The farmers have the power to choose who to sell their produce to, regardless of which brewery has given them seed for planting, and/ or agricultural training.

Data shows that the health of the farmers is a major concern for the breweries, not only because of the competition with other companies, but also because of the need to ensure that there is a sustainable supply of raw material. David (CSR expert) emphasised that farmers are a high-risk group for HIV and AIDS. He states that farmers need to be considered among the Ministry of Health most-at-risk population (MARPS) because of risky sexual behaviour, as detailed below,

*[...]Agriculture is a very tempting business; you know most of beer inputs are agriculture based. Those are sorghum, barley, oats, malt, wheat... all those are agricultural based and they involve extensive agriculture practices. So agriculture and sex are highly related. We do not know what happens in the garden but information shows that people in the garden; after gardening do so many other things. Therefore, what we do is help these people to understand the repercussions of*

*them just mixing around. Of course, we cannot stop them from doing what they do but we can give cautious messages (David, CSR expert).*

By supporting farmers, the breweries are ensuring that their supply of raw materials is maintained, the farmers are healthy and the land and the environment are managed sustainably. The health of farmers directly affects the supply of raw materials for the breweries. As previously stated, the health of farmers is important, because they need to be in the fields planting or harvesting crops. Sunna adds that the treatment of farmers is beneficial to the breweries because:

*I mean, it has got multiplier effects because if the farmers are healthy, then they are most likely to be more productive and that means that they can be able to provide the raw materials that the companies need especially for those agro-based companies. So I think it is really an opportunity I must say (Sunna, NGO manager, Kapchorwa)*

However, the guaranteed cash flow also brings increased risks, as explained by Cheptai, a farmer:

*[...]they teach us about farming and I remember once they brought in people to talk about HIV because of the wrong impression people have on farmers. You know people compare us to coffee farmers. They say that when we make money we want to spend it on women or that we run away in the garden and hide to do it. But really it may be true that some people get money and their lives change but for most people it takes long to happen. Farming is good and the money is okay but you have to get it slowly, it doesn't come at once. So yes, some get money and when they come like here in the city huh, you see people enjoying in fact now we have very many people coming from across the border to come in and enjoy and they time the harvest when the farmers have money. We also have large market days and here many people come because that is an easy way to sell or buy all the things that you need. So we have a market every Tuesday but the bigger one is the last Tuesday of the month. That one is big. We make a lot of money. And we spend a lot of money (Cheptai, farmer, Kapchorwa).*

On risky behaviour that may lead to contracting HIV, farmers are likened to truck drivers, who get easy money and have to work away from their homes for a period. Aidah, a Diageo manager in Kapchorwa explains that, “we buy all their produce and we pay promptly. We pay cash. At least that one they are assured. They are assured of [a] ready market. The richest people here are farmers.” This ties into the statements of Mutai (manager, AB InBev) and Kiprotich (biostatistician), which highlight that when farmers are paid by the breweries, they go to the

government lodge (hotel) in Kapchorwa to have a good time. Findings show that some farmers come from Bukwo, Tegeres, and Kween, and these are very long distances; therefore they need to stay in Kapchorwa until they have sold their produce, and then head back to their homes. Additionally, Chebedenge, a health worker at Kapchorwa hospital, observes that at these lodges, the farmers meet girls, and they may engage in risky sexual behaviour and other activities.

### **Truck Drivers (truckers)**

The term ‘truckers’ was used by Patrick and Augustine (health worker, Jinja), and adopted for this section. Truckers are considered among the most-at-risk population by the WHO (2015) and the Uganda Ministry of Health (2015). The International Labour Organisation status report (ILO 2012) shows that the nature of the truck drivers’ work is not a risk factor; however, given the fact that they spend a lot of time away from home, with limited access to condoms and health services, there is an opportunity for them, according to KMCC (2016), to engage with multiple sexual partners along transport corridors, and this encourages risky sexual behaviour that exposes them to HIV infection. There is an urgent need to target an HIV prevention and research effort towards this vulnerable group. AB InBev is very active on the health of ‘truckers’, as mentioned below.

*We roped in the truckers but the production of beer is by the employees .... But then we know that that grain needs to come to the brewery so trucking is involved. So we have a program for the truck drivers. Same story but ordinarily we track them here, that is, those who come to the brewery. Those third party people both company owned and hired trucks. Then we also deal in some hot spots for parking like in Busia, Malaba, Mbiko, Lukaya, Kyotera. Those are a few areas where these trucks park. We shall also do to soon the northern route. There are a lot of stops in areas like Kumi areas going to.... There is that route going to Sudan.” (Patrick AB InBev)*

The attention given to truckers by AB InBev ties into Wood (1991) category of *legitimacy*, because this attention is appropriate and necessary, as the truckers carry the brewery’s raw materials and manufactured products, and therefore their health may affect the companies’ supply chain.

Findings show that unlike AB InBev, Diageo does not engage in activities to support truckers. However, it was observed that they can access the company clinic when they have issues, but not, however, for the treatment of HIV and AIDS. When asked why the Diageo truckers were

not given HIV and AIDS care and treatment, similar to other Diageo employees, Andrew explained Diageo had no obligation to them.

*[...]For AB InBev, it is their own trucks, which means they hire the drivers, but we do not hire the drivers. They are only along our supply chain because they are part of the supplier (DHL) staff. So, we set policies that are supposed to be adhered to by our suppliers. That is why you see that for them their offices were right outside the brewery, and not necessarily within the brewery. Therefore the DHL Company has a responsibility to its truck drivers. And on the other hand, AB InBev has a responsibility to theirs (Andrew, Diageo manager)*

While there is no direct support, Andrew adds that the brewery engages in activities to support other people along their supply chain, but also encourage these people to do the same for their employees. He says that, “EABL has got a policy that is for staff, but we cascade it to our suppliers, and they are expected to follow it for their staff and workers.”

## **Employees**

Empirical data shows that the most commonly mentioned (by 5 out of 8 managers) stakeholders, seen as a major concern by both breweries, were the employees. Employees are the direct responsibility of the company, and therefore looking after them is appropriate, desirable and proper (Wood 1991). This is evident in the fact that both companies run employee HIV CSR activities of HCT, prevention and treatment. The CSR activities in both companies targets employees. This is related to Humière & Chauveau’s (2001) research, in which managers from various companies in France were interviewed, and determined that employees take priority when companies are selecting the activities of CSR to engage in. He found that this was because employees are a resource without whose efforts the company would not produce anything. Wood and Jones (1995) and Aguilera et al. (2007) write that employees are an important stakeholder, and act as agents for social change when they push corporations to adopt socially responsible behaviour.

Diana stressed that Diageo values its employees, and therefore they take precedence. She explains that, ‘*Even in our core values we say, ‘value our employees and we value one another’*’. Similarly, in the case of AB InBev, Lukwago, a health worker at St Francis, a partner health centre, said that the brewery contacted them in 1996 to look after their employees when HIV infections were increasing fast in the community. This is in line with Diana’s statement:

*For HIV, we do not deal with other stakeholders, not directly but to our employees as you know. This is also CSR. We provide free HIV treatment. Even when you leave the brewery, you are still treated. You know the policies. Why I am I telling you? Every employee gets a contract and they have to sign on these policies. Check online (Diana, Diageo, Manager).*

Diana's quote reinforces George's (health worker, AB InBev) statement that by ensuring that the employees are not discriminated against, and are able to receive treatment for HIV and AIDS, their confidence and motivation as employees of the company is enhanced. This is further demonstrated by Martin:

*You know our company has a policy where they do not discriminate against HIV. You cannot lose your job because you have HIV. You are fully employed and the company is fully ready to support you. Any employee who is HIV positive, the company tries to make their life better. (Martin, Beneficiary and. AB InBev employee. AIC Mbarara)*

This confidence also increases the chances of people testing and getting treatment as there is no fear of unemployment. This promotes the prevention of HIV infection. In summary, employees were considered the most important category of stakeholder by both breweries, as discussed above.

### **Bar workers and owners (hospitality)**

Bar workers are often grouped with sex workers because, as noted by Patrick, these are approached by customers who categorise them as sex workers. Similarly, in a study conducted among 36 waitresses and 24 bar patrons in Ghana, it was shown that patrons, waiters, bar managers, and HIV programme managers indicated that that all the female bar waitresses and 12 of the 24 bar patrons were engaging in transactional sex and multiple sexual encounters (Messersmith et al. 2014, p.13). Bar workers are important to the breweries because they are the companies' point of contact with the consumer, so can be used to promote the brands, and also to promote the message about responsible drinking. This may explain why the breweries centre CSR activities on them.

*The critical people now is the bar, restaurant, hotel... we call them hospitality workers. [...] So we have very consulted health programs for them like HIV trainings on how it is spread, how to*

*prevent it. Then considering them as agents for reaching the consumers because we know many of the hospitality workers are also often approached. Some of them are interested. Some of them are interested, some are not but they are approached by clients and you know what else happens in that case (Patrick manager. AB InBev).*

The brewery engages in CSR activities with bar workers, because not only are they considered key to the supply chain, as well as most-at-risk of contracting HIV, because of the nature of their work, but they can also be used to spread the message for responsible drinking and safe sex to consumers.

## **Consumers**

Consumers as an influential stakeholder for the breweries to engage in CSR is a highly contested issue. CSR experts David and Cedric argue that in Uganda, consumers do not significantly influence the companies to engage in CSR: for example, Cedric insists that:

*What we find is that it is business owner is the most important in the value chain. That is shareholders. They define what they want the companies to do. The world of stakeholders is just coming into play in Uganda. Customers do not matter to them. Customers only come into play when the company is into things like prices.*

Katamba et al. (2010) reinforce this in their research on CSR in 50 companies in Uganda, which determined that consumer needs hardly influenced the CSR activities of companies, and because they are voluntary activities, shareholders needs were considered first.

On the other hand, empirical data on the activities of the two breweries shows otherwise. As discussed in Chapter 6, the two breweries engage in CSR activities, targeting consumers, to ensure that they consume alcohol responsibly, and are educated on how to avoid contracting HIV. Findings show that consumers are a focal point for the breweries, because they are the first and most direct stakeholders who reveal the effects of alcohol and/ or alcohol abuse. Consumers are the focus that activists for example, UYDEL and NGOs, use to question the breweries activities; so by supporting consumers, the breweries are managing issues that have the potential to affect their operations.

As noted earlier, other stakeholders also fall under the category of consumer, including employees, suppliers, shareholders, farmers, NGO staff etc. However, by ‘consumers’, this study refers to consumers who sit in bars, pubs and nightclubs and consume the brewery branded beers and spirits. Reputation was identified as a factor that drives the breweries to engage in HIV related CSR. The companies support consumers, because they are the ultimate stakeholders to grow the business through purchasing, consuming and marketing the brands. Garriga (2011) asserts that a responsible company’s products will be preferred over those of a company that is not responsible. This is also indicated by the statement by Patrick (AB InBev) that, *‘There is a relationship with the consumer, in the long run it should influence people to drink. ‘This is a responsible company I would want to associate with, so let me support them and drink their products’.*’ This is in line with the assertion of Cedric, a CSR expert, that in Uganda, consumer influence and power is almost non-existent, but is gradually appearing and growing, especially due to the growth of consumer information. He says that:

*Consumers are now aggressive; they know what they want because they see it. New technology, introduction of advanced education organisations which have enlightened many people, and globalisation, which has led to exposure to different western cultures and the need to copy them into the developing world.*

## **Shareholders**

Up to this point, the data has shown that HIV and AIDS affects stakeholders along the supply chain, and this has encouraged the breweries to engage in CSR activities to support them. The shareholders, on the other hand, act to influence the activities that the brewery, the agencies they partner with engage in, and the company’s choice of stakeholders. Two themes developed under this shareholder category, including *Board of Directors’ approval*, and *top management buy-in*.

***Table shows the influence of shareholders on the activities of CSR.***

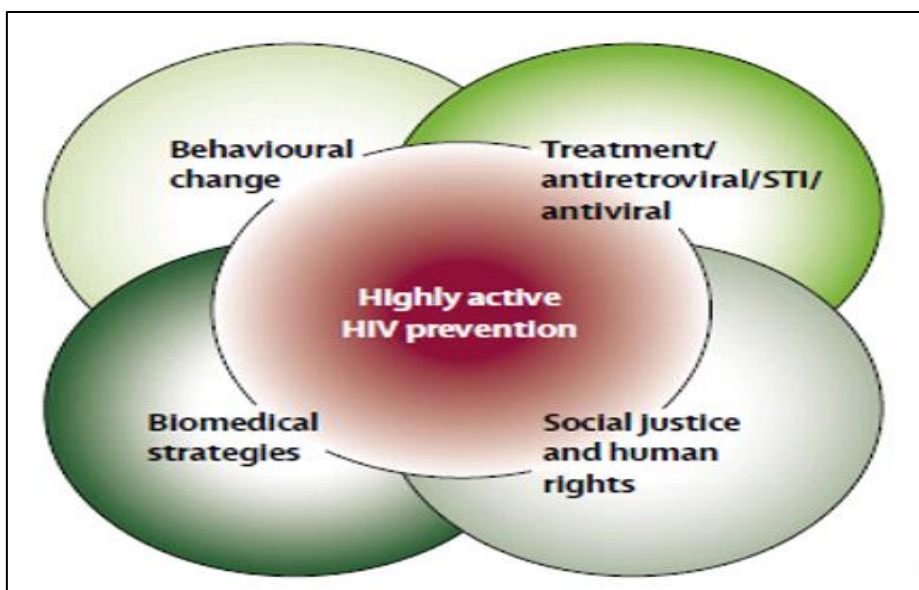


| Emerging themes and codes             | Literature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Interview responses                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Source                                  |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Board of Directors' approval          | The directors are committed to maintaining the highest standards of corporate governance, which they believe are fundamental to discharging their stewardship responsibilities. The board applies integrity, principles of good governance and accountability throughout its activities and each director brings independence of character and judgement to the role. All of the members of the board are individually and collectively aware of their responsibilities to the company's stakeholders and the board keeps its performance and core governance principles under regular review. | "I mean for me as head of CR I can say that it was my initiative but of course it had to get the blessing of management but it was my initiative." Participant 91222                                                                                                                                                                                                                                                                                                                              | SABMiller Board of Directors statement. |
| Board of Directors' approval          | Our CEO, Ivan Menezes, and the Executive Committee are ultimately accountable for performance against sustainability and responsibility goals. The Board signs off any changes to our Sustainability & Responsibility Strategy at Diageo's annual Strategy Conference.                                                                                                                                                                                                                                                                                                                         | "here at Diageo CSR is managed by this office and not the MD, : Aaah, we manage the CSR program We just manage it. We get buy in. We don't decide. We also need buy in from the MD. Participant 19222                                                                                                                                                                                                                                                                                             | Diageo                                  |
| Top management involvement and buy-in | Much of our work takes place at the local/market level and therefore our regional presidents and general managers have front-line responsibility. The markets are supported by Executive Committee members representing global functions as outlined in the table below.                                                                                                                                                                                                                                                                                                                       | The MD also seats on the board of trustees. So if the MD has not bought in and he doesn't know. Then he will possibly not approve of what you are proposing. So it is different from Standard Chartered where you say that the MD releases the money For us it is the foundation that releases the money. It doesn't sit on the CSR budget. So we send in a proposal. If the trustees sit and approve, then they give us the budget we spend then after that we charge it to the EABL foundation. | Diageo                                  |
| Top management involvement and buy-in | Accountability for our sustainable development performance is monitored closely at group and at regional level. Our sustainable development (SD) performance is overseen by the group corporate accountability and risk assurance committee (CARAC), a committee of the SABMiller plc board.                                                                                                                                                                                                                                                                                                   | "So this is something that I am so proud of. When I leave my work, or life here. I will have touched some people. I really feel that I have touched some people and their futures may be changed irreversibly." 91222                                                                                                                                                                                                                                                                             | SABMiller                               |

Source: Data from field study

The table above summarises the fact that whereas the corporate relations managers design the CSR activities of the company, these activities must be signed off by higher management, including the managing director and the board of directors. According to Wood (1991), managers are moral actors within every domain of CSR, and therefore they have an obligation to exercise such discretion as is available to them towards socially responsible outcomes. David, a CSR expert also explained that the need for layers of management to sign off before a CSR strategy is implemented by a company mitigates against challenges that might arise from the activities themselves, so further negative media attention becomes less likely.

## Appendix G: Combination Strategy contributes to Highly Active HIV Prevention



Source: Coates et al. 2008

## Appendix H: Data and statistics on Alcohol in Uganda

Under Appendix H, three major data tables are displayed including,

- 1) Description of types of alcoholic drinks consumed.
- 2) Alcohol policies and Legislations in Uganda.
- 3) Types of local (homemade) and illicit brews in Uganda

### 1. Description of types of alcoholic drinks consumed.

| ALCOHOLIC DRINK | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Beer</b>     | Beer is produced by the fermentation of starches found in cereal crops. Malted barley is most commonly used, although wheat, maize, and rice may also be used. Beer is usually flavoured with hops, which adds a bitter taste and assists the longevity of the beer. Other flavourings may be used. Beer usually contains around 4 % of alcohol by volume. Beer drinking is part of the culture of many countries. The brewing industry is global, with several multinational companies dominating the market, although there are producers of all sizes. |
| <b>Wine</b>     | Wine is produced from the fermentation of grapes. Other fruits can be used to make fruit wines. The alcohol content is higher than beer – usually between 10 % and 15 % by volume. Sparkling wine is produced by the addition of a small quantity of sugar before bottling. This allows a secondary fermentation to take place in the bottle.                                                                                                                                                                                                             |
| <b>Spirits</b>  | Spirits are produced by the distillation of a fermented product. This process concentrates the alcohol, so that the strength of spirits is over 20 % by volume, and 40 % is quite normal.                                                                                                                                                                                                                                                                                                                                                                 |

## 2. Alcohol policies and Legislations in Uganda.

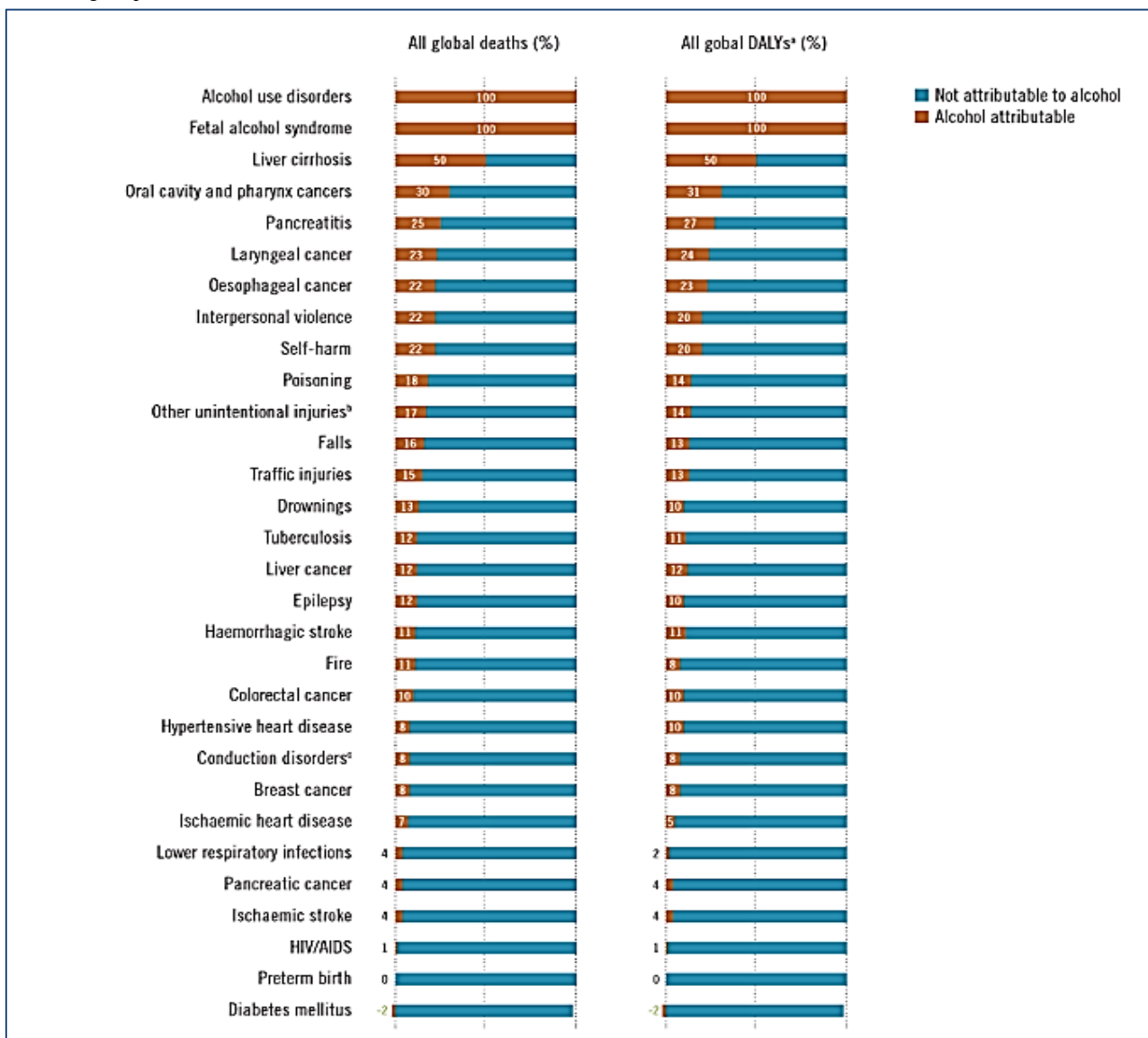
| Act                                                    | Legislation                                                                                                                                                                                                                                                                            | Challenges                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Liquor Act-Cap 93 1993                                 | The Liquor Act-Cap 93 regulates the manufacture and sale of liquor; provides for payment of fees; licensing of traders; sale of permits; and premises for the manufacture and sale of liquor. It also restricts consumption of liquor by children.                                     | However, the Act provides very low fines; suffers from poor enforcement; makes cancellation of licences upon conviction discretionary; and does not adequately deal with drunkards; hence the need for reform. It is also recommended that the provisions concerning children be amended to ensure better protection by raising the minimum drinking age to 21 years in all circumstances, and taking children who drink before the FCC for rehabilitative measures. |
| Portable Spirits Act-cap 97. 1997                      | Under the Portable Spirits Act-cap 97, compounding of any spirits for profit or sale without a licence is prohibited.                                                                                                                                                                  | However, enforcement of this law is poor and must be stepped up to protect the public.                                                                                                                                                                                                                                                                                                                                                                               |
| The Traffic Road and Safety Act (TRSA), 1998 – CAP 361 | The Traffic Road and Safety Act (TRSA), 1998 – CAP 361 prohibits driving while under the influence of alcohol, driving after consuming alcohol beyond the prescribed limit, and inducing or enticing a driver or person in charge of a motor vehicle to drink any intoxicating liquor. | Has been implemented and breathalyser activities happen on most busy roads in the night. However, because of corruption, police officers are paid off to let people go.                                                                                                                                                                                                                                                                                              |
| Uganda National Bureau of Standards (UNBS) Act 1993    | The Uganda National Bureau of Standards (UNBS) Act 1993 establishes the UNBS to determine formulate and enforce standards for commodities sold to the public in Uganda including alcohol, for purposes of protecting the public.                                                       | UNBS's capacity to enforce the law is however, limited and no standards have been developed for some types of alcohol like native liquor and Enguli. These issues and the low penalties affect the effectiveness of this law and should be addressed                                                                                                                                                                                                                 |
| Food and Drugs Act Cap. 278.                           | The Food and Drugs Act Cap. 278 creates offences in relation to the preparation, offering, labelling, advertisement, possession and sale of injurious food and adulterated food for human consumption                                                                                  | The penalties provided for contravention of this provision are too low and until they are revised upwards, its effect cannot be realised.                                                                                                                                                                                                                                                                                                                            |

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Trade (Licensing) Act – Cap 101, 1969 | This Act provides for a Schedule that stipulates the license fees in accordance with the grading (geographical location whether municipality, town, residential) where the trade operates. It stipulates restrictions on trade; in terms of business areas and trading centres; prohibits trading without a trading license, gives guidelines for application for trading license. Article 8 (2d) states that; No trading license shall be required in any event for – the sale of tobacco, cigarettes, newspapers, books, non-intoxicating liquor or playing cards by the management of a proprietary or members club to its members in the club premises. This implies that trading in alcoholic beverages in highly graded areas implies payment of high license fees thus limiting the density distribution of alcohol outlets and number of people operating such business enterprises in selected areas | <p>Kalema (2014) explains that by regulating the availability of alcohol, the nature of harm it causes to people could be reduced. However this is difficult because UYDEL (2014) indicates that the location, density and hours of operation are not regular across board. This makes it hard for regulators to monitor the trade. It is also important to note that illicit brew is made up 53% by homebrew.</p> <p>Therefore it is hard to identify which homes produce this alcohol and yet Namaara and Muhwezi (2014) evidence that a large number of households opt for this trade because it is an easy guaranteed income.</p> |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 3. Types of local (homemade) and illicit brews in Uganda

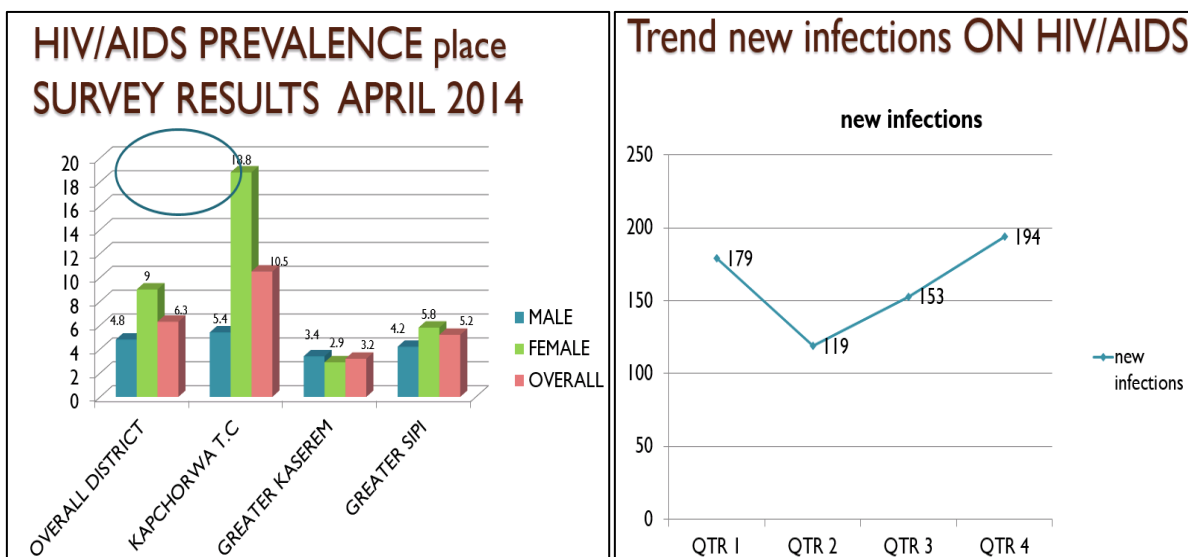
| Brew                               | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tonto or Mwenge Bigere</b>      | Traditional brew produced by fermenting banana juice by adding sorghum. It is mostly consumed in central and western Uganda, where growing banana is a major agricultural activity, and in urban areas all around the country. In many parts of the country, brewing tonto is an important source of income. It is consumed from small gourds using straws at social gatherings and bars. The alcohol content in tonto ranges from 6-11% v/v. This means that the total volume of pure alcohol (ethanol) in any volume of tonto ranges from 6-11%. |
| <b>Ajon or Malwa</b>               | An alcoholic beverage made from finger millet. It is widely consumed in Eastern and northern Uganda and in urban areas around the country. The alcohol content of Ajon ranges from 6-8% v/v. Ajon is considered highly nutritious and a source of vitamins, calcium and iron.                                                                                                                                                                                                                                                                      |
| <b>Omuramba</b>                    | Made from sorghum. People from Kigezi mostly consume it, in south western Uganda. It is normally consumed in wooden cups at marriage ceremonies, parties and other social gatherings.                                                                                                                                                                                                                                                                                                                                                              |
| <b>Kweete</b>                      | Made from equal parts of maize and germinated millet and various communities in many parts of Uganda consume it.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Illicit Brews</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Kasese</b><br><br><b>Enguli</b> | <p>Most of the above traditional drinks can be distilled to produce a more concentrated and relatively pure beverage called Waragi. Waragi can be as high as 40% v/v pure ethanol, if not higher. Molasses can also be used to produce Waragi, as is done in sugar cane growing areas in central Uganda popular illegal extra-strength Waragi.</p> <p>Enguli is the main form of alcohol consumed in Uganda followed by fermented homemade drinks.</p>                                                                                             |

## Appendix I: Alcohol-Attributable Percentages for Selected Causes of Death, Disease and Injury 2012.



Source; WHO 2014, p. 29)

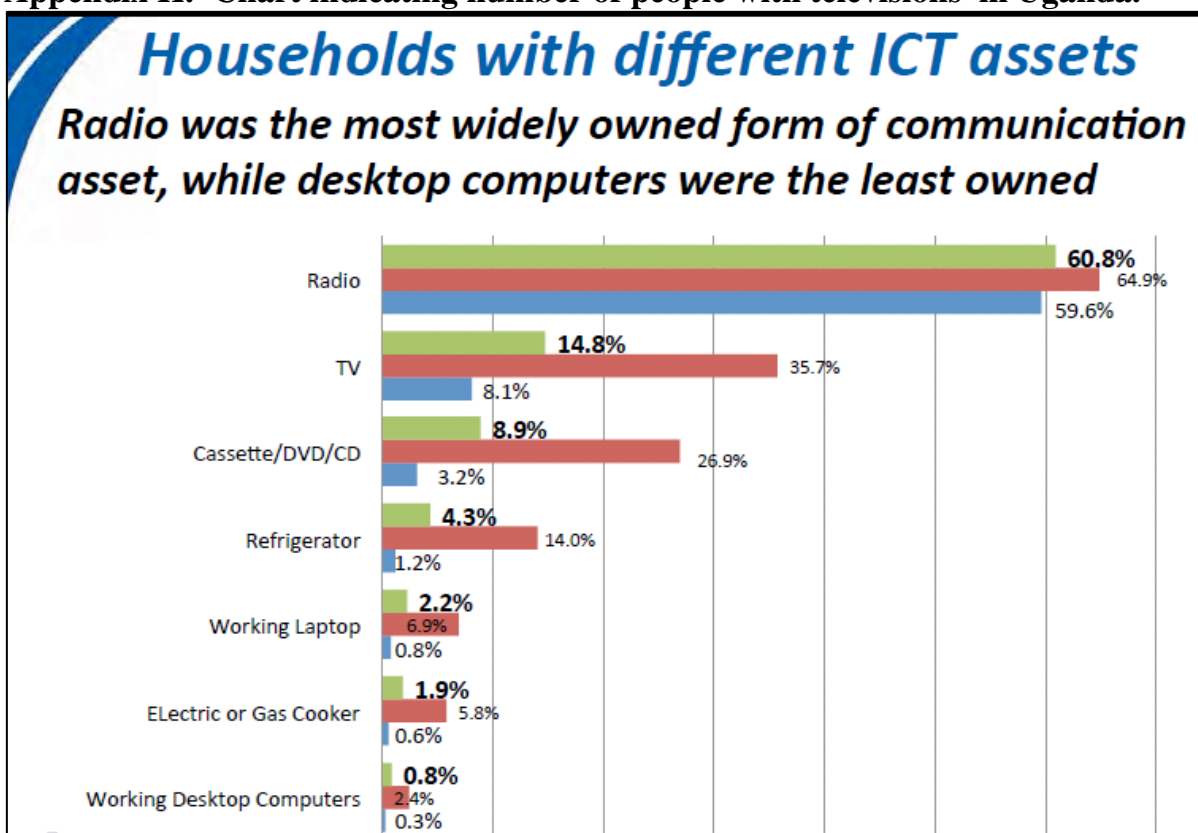
## Appendix J: Kapchorwa District Calendar Statistics Survey on HIV, Malaria and Tuberculosis 2014



The figure above from the Kapchorwa District Calendar which was part of the Priorities for Local AIDS Control Efforts (PACE) survey. According to Kiprotich (Kapchorwa biostatistician), the survey was spearheaded by school of Public Health of Makerere University and it took nearly three weeks for the whole district to be sampled and categorised into high priority or high prevention areas. The figure above from the PACE survey shows that in 2014, the HIV prevalence rate in Kapchorwa (Overall District) was 6.3, compared to the Uganda National Bureau of Statistics (UNBOS 2014), which shows the HIV prevalence rate was 5.2 during the same period. This is further explained by the figure on the right, which shows that trends in HIV infections are growing in Kapchorwa district.



Appendix K: Chart indicating number of people with televisions in Uganda.



Uganda Communications Commission (UCC 2014)

# Appendix L: Stock Status Report as at 1<sup>st</sup> May 2013

## Ministry of Health, Uganda



### STOCK STATUS REPORT AS AT 1ST MAY 2013

#### Introduction

The purpose of this report is to inform the Ministry of Health and all stakeholders of the stock levels in the country in order for appropriate logistics decisions to be made and implemented. This report highlights challenges, bottlenecks and recommends potential solutions to mitigate stock outs and expiries of ARVs & HIV test kits, ACTs, Anti-TB medicines, Reproductive Health items, selected Laboratory commodities and selected medicines for opportunistic infections.

It can be used to:

- Act as an early warning indicator for potential stock outs and possible expiries of EMHS
- Identify challenges and recommendations to avert supply interruptions
- Encourage preparation and sharing of joint supply plans with stakeholders
- Identify strategies for regularly reviewing supply plans for all the commodities
- Encourage donors to honor their commitments in terms of quantities of products expected, timeliness of deliveries and flexibility

#### Summary of the Central Inventory Level Stock Status

#### Risk of stock out

#### Justification

#### ACTs

At NMS, all ACTs are below the recommended minimum and maximum stock level. JMS on the other hand is well stocked with the 24 Pack ACTs. All others are below the minimum stock level. ACTs that were at risk of expiry at JMS were redistributed to other PNFPs through Malaria consortium. Other stock were also distributed to Public facilities. This strategy has enabled utilisation of stock and has prevented expiries.

#### Recommendations and action taken

NMS to follow up on the delivery of ACTs from Quality Chemicals

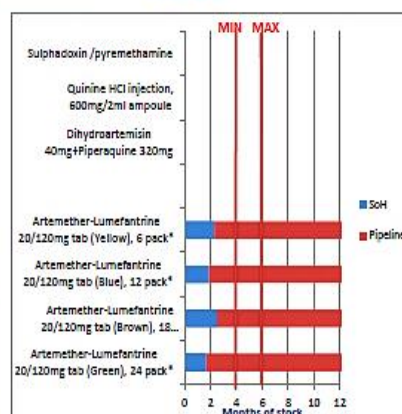
HIGH

#### Other antimalarials

Large quantities of artesunate injection were distributed to Hospitals and Health centre 4s. However NMS is now Low on this drug. PMI request were sent for procurement of Artesunate. NMS is also expected to procure some units of Artesunate.

LOW

#### Antimalarials



#### ARVs for adults

#### A) - First Line Products

The central stock level for most commodities have gone down. NMS is stocked out of AZT based formulations and EPV 600 mg for Adult ART. JMS on the other hand is stocked out of TDF/3TC while MAUL is stable on most commodities.

Over all, NVP 200mg is well stocked.

Global Fund pipeline to NMS will arrive in June 2013 while TDF/3TC will be expected at JMS by May 15 2013.

#### Recommendations

A request was sent to PEPFAR to fill the current gap in the public sector. Inter-warehouse stock transfers are being conducted to alleviate the current stock out of key commodities.

A follow up is being made on the QC deliveries.

HIGH

#### B) - Second Line

LPV/R is below minimum stock level. Uptake of ATV/r is expected to increase and is well stocked.

#### Key recommendation and action taken:

Monitor stock status and pipeline information to prevent stock out

LOW

#### ARVs for Adults

